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ABSTRACT

Based on the SEFAM (Supporting Extended Family Members) program, the manual is intended to help organize a program for fathers of handicapped young children. A program for fathers and infants focuses on unique father concerns and resources. The first chapter further explores reasons for father programs while the second describes program components (including information on qualifications for facilitators and father co-facilitators and on program goals). Program development tasks, such as awareness and recruiting activities, are considered. Chapters 4-6 address specific aspects of each meeting: the father's forum, in which fathers can discuss experiences and problems; songs and activities and snack time (with descriptions of sensory, motor, and art activities that have been used successfully with fathers); and guest speakers who provide information primarily on education topics. Chapter 7 suggests ways in which the components fit together, and the final chapter discusses approaches for evaluating the program Appendixes supply information on active listening and the role of the sponsoring agency; samples of "awareness" materials, press releases, and brochures; and evaluation materials. (CL)

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A Handbook for THE FATHER'S PROGRAM:
How to organize a program for fathers and their handicapped children

(APPENDIX B)

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A Handbook for The Father's Program:
How to organize a program for fathers
and their handicapped children

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Finally, we would like to thank almost two hundred fathers who have proven to us time and again that fathers of special needs children care about their special child and family, want to be involved, and have much to offer other fathers -- if they are given a chance. Our hope is that this handbook will enable others to offer fathers across the country that chance.

Introduction

The Genesis of the Father's Program

In 1978, when we first offered a Fathers and Infants Class, we often had visitors whose curiosity pulled them out of bed early on Saturday mornings to observe a small group of handicapped babies and their fathers who met with another father and a special education graduate student. The visitors, usually early childhood special educators from other parts of the country, were often excited by what they saw, and expressed a desire to replicate the program when they returned home. As volunteers operating on a shoe-string budget, we could not offer the materials or technical assistance the visitors needed; however, a few programs made noble attempts to begin their own fathers programs. Since 1978, the Fathers and Infants Class has become the primary component of an expanded program which includes siblings and grandparents of handicapped children. SEFAM (Supporting Extended Family Members) now serves about 40 families in our local Seattle program, and we still receive enthusiastic visitors who wish to replicate our programs. This book is an attempt to provide professionals, agencies, and fathers with tools and information to organize a program for fathers in their community. It will also serve as a guide to students who are entering fields where they will work with families of children with developmental disabilities. We hope it may stimulate their new ideas about how best to support the child's entire family system.

In those early days, our efforts were guided by the belief that fathers of handicapped babies have needs that are generally overlooked by traditional intervention programs, and that fathers can be their own best resources in meeting those needs for support and information. By bringing fathers together with their infants, we hoped to strengthen their fathering skills and enable them to function more effectively within their own families. Our philosophy and activities in the Father's Program have expanded over the years; yet central to our approach remains the belief that if we wish to enhance a family's ability to cope with the challenges of raising a handicapped child, it is important to strengthen the individual family members and their relationships, both with the child and with each other. We have specifically sought to strengthen the relationships of family members who have been traditionally underserved by early intervention programs. Early intervention efforts have made great strides in the past ten years, and there are now many excellent programs for mothers and their handicapped infants. In these programs, not only are the infant's developmental needs met, but the mothers have an opportunity to observe, ask questions of, and seek support from the other mothers of handicapped children. Fathers, on the other hand, usually do not have the same opportunity to meet and talk to other fathers of handicapped children. Isolated by their work schedules, fathers are often unable to attend their child's intervention program. When fathers do attend parents' meetings that are held in the evening, they soon realize they are a minority that knows relatively little about the program compared to the majority--the mothers--who usually have some kind of daily contact with the program. It is not surprising when these parent meetings follow the mothers' "agenda," and the fathers, feeling out-of-place, elect not to attend future meetings. One father told us:

> When I would go to meetings at my son's school, there would be 14 or 15 mothers and maybe three fathers. The mothers all knew each other from the daytime program. They all knew what went on during the day--we didn't--and they talked about it. I sort of felt like I was along for the ride. It was very easy to turn over the responsibility for my son's education to my wife.

When we organized the Fathers and Infants Class, we recognized we could no longer ignore or minimize the importance of the other parent--the father. When we do so, we are doing three parties a disservice: the father, because he would like to contribute to his child's education and well-being as well as share his concerns with other fathers of handicapped children; the mother, because increased paternal involvement can offer her support and respite; and the child, because an involved father is more responsive to a child's many physical, emotional, and intellectual needs.

Rationale For A Program Just For Fathers

There are two good reasons for serving fathers in a program that is separate from traditional programs that involve mothers:

1) Fathers have concerns that are very different from mothers' concerns, and that are a function of their family roles;
2) Fathers have a wealth of personal resources that they can share with each other in the form of their personal experiences and solutions to common problems.

Over the years in which we have developed the Father's Program, we have regularly assessed the needs of the participating fathers for information, and their interest in topics of concern. Our findings have confirmed those of others who have reported that fathers' concerns are often quite different from mothers' concerns. For example, fathers are often more interested in legal issues and in matters concerning the child's future care and education. While these issues could be discussed in a program that involved both fathers and mothers, they could not be given the time or depth of discussion that they can be given in a program where fathers define the agenda themselves. In addition, parents who have little time to spend on outside activities are more likely to participate in a program that directly responds to their needs.

The second reason for the emphasis on fathers in the program is the belief that fathers can be invaluable resources to others who share the same family roles. In all of our programs, our strategy of developing support networks within groups of fathers, siblings, and grandparents is to reduce the overwhelming sense of isolation that often accompanies the discovery of a young child's handicap. Group members soon learn they are not alone with their child's problem. In the group, they can share the frustrations and joys that only another father, sib, or grandparent could understand.

One father told us:

> I wouldn't even bother telling the guys at work about Toni--they just wouldn't understand. If I told them that Toni finally started walking at age 2 1/2, I'd probably get a strange look. If I tell the dads at the class, they'd say "Hooray! Great!" because they know how hard we've been working on it.

Family members can also share successful strategies for specific problems--a sibling's embarrassment when she introduces a new friend to her retarded sister, a grandparent's desire to help her daughter obtain respite in caring for her severely handicapped infant, a brother's anger at a handicapped sibling who interrupts him when his friends visit.

The Father's Program gives men an opportunity to obtain specific information that will help them understand the child's handicap and know how to help the child and their wife and family. Fathers learn exercises and games that they can play to develop the child's motor skills. In addition to information that pertains specifically to the handicapped child, fathers also receive more general information--information about programs, services, and laws that can help answer questions families have. This information not only reassures fathers -- it also fosters independence. Some fathers told us that they initially joined the program to obtain information, but now, confident in what they need to know, they enjoy the opportunity to share the information they have learned with the other "new" fathers. The program helps men become better resources as they become more well informed and more comfortable sharing their knowledge and experiences with each other.

This sharing of information adds to the mutually supportive atmosphere at the Father's Program meetings. "New" families look to "older" families for role models, information, support, and living proof that they, too, can survive the impact that the child's handicap has on families' lives. Besides information, the supportive environment allows family members to express freely common concerns and interests, such as a fathers' anxiety about his child's ability to care for herself after he dies. These are typical concerns about which veteran fathers can offer advice and support for new fathers. Veteran fathers often find that helping new fathers is good for them, too. As one father put it, "It helps me make sense out of the non-sense of having a handicapped child." Talking to a new father can help a veteran father sort out his feelings about his own child. These experiences help all family members function more effectively within their own families and become better advocates and resources for families of handicapped children in their communities.

The father's infant or toddler who experiences a more confident caretaker and enhanced attachment is also a beneficiary of the program. If the program inspires a father to spend more time with his child, the child will benefit from having two involved parents to help meet his or her many special needs. In addition, if the father becomes aware of programs, services, legislation and other issues concerning special needs citizens, the chances are that the child will continue to benefit over the course of his or her development.

Mothers, too, can be beneficiaries of Father's Programs. A handicapped child's mother has an urgent need for respite (Turnbull, 1978), although for most mothers, the need is rarely met. The Father's Program may offer mothers an opportunity for respite, and not only during the times the program is offered. When fathers bring their children to the program and have a chance to practice their caretaking skills, they are more likely to use these skills at other times as well. Mothers also enjoy the increased sense of support from the fathers who are more informed and more confident in their roles. Often mothers are burdened with the daily care of the special child and they become the person primarily responsible for arranging clincal visits, IEP meetings, participating in an early intervention program. Fathers' involvement with the child and the Father's Program can be a concrete example of support to the mother. Further, mothers are invited to listen to guest speakers at the Father's Program, and often build their own social networks with other mothers they meet there. In many real ways the Father's Program is for mothers as well as their husbands. As one of the fathers put it: "I think participating in the Father's Program is one of the important things fathers can do for the mothers."

And the benefits of the Father's Program do not stop with the mothers. Grandparents and siblings not only benefit directly when they attend the Program-sponsored all-family holiday parties and picnics, but they also benefit from the insights and information fathers share in their discussions about extended family concerns.

Program Structure

The Father's Program is structured around two assumptions--that fathers share concerns specific to their roles, and that they have much to offer each other. The Program therefore has a flexible rather than a predefined agenda, which enables program facilitators to identify, define, reflect, and respond to the participants' most immediate concerns, such as family or personal events, changes in the child's health or development, or even recent political events that will affect handicapped children and their families. The structure allows the program to respond to the participants' changing needs over time. For example, a discussion of behavioral techniques will be of little value to fathers of handicapped newborns, but it may be invaluable to fathers of developmentally delayed three-year-old children.

At each meeting of the Father's Program, each member will have an opportunity to:

Meet other participants and share common experiences. Many fathers who come to the Father's Program have never had the opportunity to meet other fathers of handicapped children. Group discussion offers fathers an opportunity to share common experiences. Besides helping alleviate the sense of isolation fathers sometimes feel, discussion can also provide the participants with information, new ideas, or possible courses of action. In addition, social networks are often built upon these discussions: fathers recommend babysitting services to other fathers they have met in the class; couples socialize with other couples they have met through the all-family activities the program sponsors.

Participate in an activity. During the Father's Program, fathers have opportunities to interact with their handicapped child, learning games, songs, and exercises that they can later enjoy with their baby at home. They also have opportunities to interact with their peers during activities such as an all-fathers ham and egg breakfast, or an evening watching a local basketball game.

Learn something new. The Father's Program helps participants learn about topics they have expressed an interest in. Guest speakers are invited to talk to fathers about their immediate concerns. For example, fathers often have questions regarding their childrens' future. The program facilitators often offer family members the information they need--but more important, they help participants learn to locate resources that they can use to satisfy present and future information needs. Fathers learn where they can find references on laws or medical treatments that are written for non-professionals; they become familiar with individuals and groups that are active advocates for the handicapped in their community. The information fathers receive is presented to answer immediate questions and to prepare them to solve future problems independently.

These three key features of the Father's Program serve to lessen the impact of the child's handicap on the family by reducing isolation, building social networks, and educating participants. By involving the extended members of a child's family, we help make the family members more available to the child, reduce the stress on the traditional primary caregiver--the mother--and strengthen the relationships among all family members.

Chapter 1

Why Special Fathers Need Special Programs

Fathers are Parents Too!

In the past few years we have seen an explosion of information and research about fathers, their relationships with their children, the effects of their children's handicap on them, and their adaptation to it. The fascinating information that is being uncovered by the researchers is a strong rationale for involving fathers of handicapped children in their care and development.

In fact, if there is one fact that is becoming more widely appreciated in the general biological, social, and psychological literature concerned with families and children, it is that fathers are important. Their genetic contributions to the infant, their role in the family, and their contributions to their child's development are being more closely studied. Thanks to the work of Lamb, Parke, Sawin, O'Leary, Kotelchuck, Pederson, Clarke-Stewart and others, we now appreciate that beginning, and even before, the infant's birth, fathers are influenced by the infant and make important contributions to the infant's development. While the mother is still pregnant, the father provides the emotional support that can influence parents' subsequent interactions with the infant. Fathers, as well as mothers, experience feelings of excitement, pride, worry, and increased responsibility during the infant's gestation, reflecting the emotional preparations both parents are making for the infant's birth (Osofsky & Osofsky, 1980). Their now more frequent presence in the delivery room makes it possible for fathers to support their wives and to be a partner in parenthood from the very first moments of the infant's life. Soon after the infant's birth, the father begins to develop a bond of attachment to the newborn, which Greenberg and Morris (1974) have described as "engrossment." The father is simply dazzled by the infant's presence and appearance. This attachment grows stronger as infants express their individuality through a rapidly increasing repertoire of behaviors.

"Mothering" or nurturing emotions are not unique to the infant's mother; fathers also seem to know instinctively how to interact with their infants and how to successfully care for them. Researchers have confirmed that fathers are interested in their infants and want to be actively involved with them. When mothers, fathers who have been present at delivery, and their infants were observed together during the first three days after birth, the fathers engaged in the same caretaking and nurturing behaviors as the mothers, and held and rocked the infants more than the mothers (Parke, O'Leary, & West, 1972). When the fathers' behaviors alone with their babies were compared to the behaviors of mothers and their infants, researchers found that the fathers were just as nurturing as mothers when they were alone with their infants (and were not influenced by the mothers' support), and the fathers were even more nurturing than the mothers when the parents were observed together with the infant (Parke & O'Leary, 1976). Fathers' sensitivity to their infant's distress during bottle feeding has also been found to be just as acute as the mothers' (Parke & Sawin, 1975), and during feeding the infants were found to consume similar amounts of milk from both parents.

Along with this evidence supporting the father's sensitivity and competence in nurturing and caring for his infant, other studies have revealed certain differences between mothers' and fathers' behaviors with their infants that begin to emerge shortly after the infant's birth. Generally, mothers more often engage in caretaking when they are with their infants, while fathers tend to play with their infants. Fathers are more likely to pick up their infants to play with them, while mothers are more likely to pick up the infant for caretaking (Lamb, 1977). There are also differences in mothers' and fathers' styles of play; fathers are found to be more vigorous, to pick up, toss, and to be rougher with the child than mothers, who are more likely to play traditional games like peek-a-boo, hide-and-seek, or to play with a toy (Kotelchuck, 1976; Pederson & Robson, 1969). Fathers are more physical and less conventional in their interactions. However, fathers adapt their play to their child's developmental level, just as mothers do, indicating that fathers as well as mothers are sensitive to their child's developmental changes (Crawley & Sherrod, 1984).

Research suggests that these behavior differences may not be intrinsic to the parents' sex roles, but may be influenced by their caretaking responsibilities. When the interactions of mothers and fathers who were primary caretakers for their infants were compared to fathers who were secondary caretakers, the behaviors of the mothers and the primary caretaker fathers were more similar than the behaviors of the primary and secondary caretaker fathers (Field, 1978). These findings about the similarities and differences between maternal and paternal contributions to the infant have several implications. In typical families, the different kinds of interactions that fathers have with their infants increase the infant's range of social and affective experiences. The father's competence as a nurturer and caretaker suggests that in families where the mother works or has need of added support in caring for the infant, the father will be able to provide caregiving assistance.

Father-infant reciprocity. Just as we now appreciate the important role that fathers play in their child's development, we also realize the social role that infants play in early interactions with their parents. Infants less than a month old engage in reciprocal interactions with their parents. They are not passive, helpless creatures, as they were often held to be in the past, but they respond to their parents' faces, voices, and tactile stimulation, as well as initiate and terminate interactions with adults through behaviors like looking at or away from the parent, smiling, or crying. The pleasure that both partners, parent and infant, derive from these early interactions depends upon the parents' sensitivity to the infant's natural rhythms, and the clarity of the infant's cues. Berry Brazelton, Daniel Stern, and other infant researchers, through their careful studies of parent-infant interactive sequences, have enriched our understanding of the ways infants signal their own needs and respond to parent behaviors.

Studies reveal that the very young infant alternates between states of sleep and wakefulness, between peaks of alertness and excitement, and valleys of inattentiveness and recovery. Ideally, these cycles of attention and withdrawal become smooth and regular, and parents, often without thinking about it, learn to adapt their behaviors to fit the infant's patterns of responding. Analysis of filmed parent-infant interactions reveals how the parent will approach the infant with a toy, smiling and increasing vocalization and tactile stimulation until the infant reaches a peak of excitement and begins to show signs of stimulus overload--by turning away, frowning, slumping in a chair, or even crying. The parent soon learns to adjust the timing and intensity of the stimuli to bring the infant to attention, and to adjust his behaviors to the infant's changing capacities. Each infant's pattern of responding is unique, and infants vary widely in the behaviors they demonstrate. The parents' first infant may be slow to build up to a state of interest and excitement, while their second child may become very rapidly excited.

Early interactions with parents help the infant learn about cause and effect, or contingency--that actions the infant produces have an effect upon the parent. Infants learn that when they cry, parents will come and feed them, pick them up, or change them. Research suggests that parents help their infants become more attentive and have more control over their environment when they respond contingently to the infant. Bell and Ainsworth (1972), for example, found that when mothers picked up, held, fed, or touched their three-month-old infants when they cried, the infants had more noncrying communicative behaviors at one year than infants whose cries were ignored. Contrary to what is often believed, parents do not spoil infants by responding to their cries, but rather help their infants learn that actions they produce have effects on the people around them.

Infants who are developmentally delayed will often have atypical response patterns that are difficult for parents to discern. It may take their parents longer to find a rhythm of stimulation that suits the infant's needs. For example, premature infants are often extremely sensitive to external stimuli; they may startle easily, and their senses may be easily overloaded. Parents will need to slow down the pace of their interactions with the premature infant, and will need to build up the infant's interest slowly, gradually adding variations when the infant exhibits boredom with old behaviors, and slowly lengthening the interactions as the infant's attention increases. On the other hand, an infant who is neurologically impaired may alternate quite rapidly between states of excitement and withdrawal, and the parents may need to work patiently to help the infant prolong a state of attention long enough for a successful interaction to occur, and for attachment to develop. All interactions become more successful with practice, and researchers have found that multiparous mothers (who have more than one infant) are more sensitive than primiparous mothers (who have only one infant) to their infant's feeding behaviors (Thoman, Turner, Leiderman, & Barnett, 1970).

Effects of father-infant interactions. What implications do these findings on reciprocity have for the father? The findings suggest that by interacting with his infant, the father too will begin to discriminate the infant's state changes, and to modulate his interactions to sustain his "conversations" with his infant. The father learns what the infant's latency period is, and times his behaviors to insure the infant will respond. If the infant begins to lose interest in a game, the father will do something different to keep the game going. Or if the infant has had it for the evening, has reached a peak of excitement and appears about ready to cry or looks sleepy, the father will slow down or stop the play and will give the infant time to recover. Studies show that infants are sensitive to differences between fathers' and mothers' styles of interactions. Infants less than a month old will demonstrate quite different behaviors when they play with their fathers. They are more wide-eyed, playful, and move more abruptly, as if anticipating the more stimulating play the fathers engage in (Brazelton, 1978; Yogman, 1977). Fathers who play with their infant not only help the infant learn to discriminate between different individuals' behaviors, an important skill as the infant's circle of social partners increases, but they also enrich the infant's social and affective development. Infants get to know their parents through the caretaking functions parents perform--the feeding, changing, bathing, and holding that are part of the infant's and parent's daily routine. Each parent has slightly different styles of doing these things, and infants soon learn to tell the difference between them.

Father-infant interactions during the infant's first year of life are primarily preverbal, and the satisfaction that both partners, parent and infant, derive from them depends upon the father's ability to read the infant's visual or motor cues. It is important that these early interactions become synchronous and pleasurable because they influence the parent-child relationship that develops as the child grows older. Handicapped or delayed infants may remain at certain stages of development longer than nonhandicapped infants. Parents of some mentally retarded infants, for example, will spend more time in preverbal interactions, and the quality of these interactions may have a greater influence upon the infant's later development than they would have for the nonhandicapped infant, whose early experiences may be more varied. Studies suggest that parents can shape the responses of infants whose development is at risk (Beckwith & Cohen, 1978; Gorski, Leonard, & Hole, 1980), assisting the infant to respond contingently to their care. Gradually, infants' behavior will become more organized and they will be able to take part in longer interactions, to regulate their own behavior, and to recover more rapidly from a disorganized or overstimulated state. These changes will affect the father-infant relationship, making it more pleasurable for the father to be with the infant, and strengthening the father's attachment to the child.

Adapting to the Birth of a Handicapped Infant.

Any change in a person's life can produce stress. Researchers have found that changes as diverse as a new job, a divorce, a marriage, or a death in the family can lead to stress, and often to illness (Holmes & Rahe, 1967). Even positive changes, like having a baby, require the parent to adjust to new demands and time commitments (Bibring, 1959). Becoming a father can be both a happy and a stressful experience. The birth of a child requires that both parents readjust their roles as marital partners in order to take on new responsibilities. They will have less time to spend with each other, on themselves, and with other children. Fathers frequently report that their job performance is affected by the birth of a new child. If a father is becoming a parent for the first time, he experiences a major developmental milestone in his own life that makes him take stock of his accomplishments, his satisfaction with his career, family, and marriage. A new baby may stimulate him to reexamine his life's goals. Numerous researchers have found that both mothers and fathers often experience depression and mild stress after the birth of a new child. These feelings may result from fatigue, economic worries, changes in routine, and role adjustments. Becoming a parent is a happy, and at times, difficult experience for all parents.

Over the course of the infant's development, parents continue to experience cycles of elation and joy, as well as periods of fatigue, and feelings of doubt about their competence as parents, of regret over the loss of their freedom, and general ambivalence. Even the most loving and well-adjusted parents sometimes have these mixed or negative feelings. They will be affected by the child's behavior, their marital relationship, their relationship with their other children, economic difficulties, and job demands. It is important to keep these things in mind when we discuss the problems and feelings that parents of handicapped infants experience. They must face all the stresses that parents usually experience as well as the increased demands as parents, educators, advocates, and oftentimes nurses for their handicapped child. It is also important to keep in mind the general stresses of parenthood for another reason--in order to remember that fathers of handicapped children share concerns experienced by all parents. There are times when all parents regret the freedom they have lost, or experience hurt or sadness as part of being a parent. Perhaps there is no way to compare or measure the grief experienced by the parent of a blind child to that experienced by the parent of a teenager who is arrested for drunk driving or drug use. However, a broader perspective on the problems of being a parent can sometimes prevent the parent of a handicapped child from feeling he has been banished into social isolation as a result of his child's disability. There is much that all fathers can learn from one another.

One of the most difficult lessons that parents of a handicapped child must learn is not to ignore their own needs when they make adjustments for the handicapped child. Only by keeping sight of their own needs and the needs of their other children will fathers be able to effectively meet the challenges and added responsibilities of raising a handicapped child. Families are dynamic systems, and in order to identify an effective coping strategy a father must balance each family member's needs and resources, first listening for his family's pulse, then deciding upon a course of action to reduce stress.

Fathers of handicapped infants, as well as fathers of nonhandicapped children, are most effective in meeting their newborn infant's needs by being aware of how the infant fits into the existing family system. To maintain a balanced perspective and to avoid parent burnout, parents must learn to make time for themselves, and respite care is an important priority for families of the handicapped. At other times the needs of an older sibling may demand the family's time and energies. These other needs can be more difficult to keep sight of when the father is overwhelmed by the needs of the handicapped infant.

Adjusting to the child's birth. Parents of a handicapped infant must make the same adjustments that all new parents must make to their new or expanded role. In addition, the parent of the handicapped infant must adjust to the infant's disability. The parent must modify his expectations for the infant he had dreamed about and planned for. He must absorb new and often confusing medical information about the infant's condition, needs, and prognosis. He must work through waves of feelings of shock, denial, anger, grief, numbness, and depression. The comparison that Taylor and Hall (1981) have made between the characteristic reactions of parents to full term and premature infants in Table 1 also illustrates how the reactions of the parent will differ when the infant is handicapped.

Table 1

Parents' Usual Emotional Reactions and Adjustments to Full-Term and Premature Birth--Some Contributory Factors

	Full Term Delivery	Premature Delivery
Perceptions of event	Gain, success	Loss, failure
Reactions to birth	Joy, relief	Grief, concern
Emotional preparation	Complete	Incomplete
Expectation confirmed	"Wished-for" baby	"Feared" baby
Self-esteem	Increased	Decreased
Baby's primary caregivers	Mother, father	Nurses, doctors
Parents and infants	Together	Separated
Baby's social responsiveness	Well-developed	Decreased or absent
Parents go home with	Baby	Empty arms
Major psychological tasks remaining	Reconciling real baby and fantasized baby	Grieving for expected baby; anticipatory grieving for baby; individualizing and accepting baby

*From Taylor, P. M., & Hall, B. L. Parent-infant bonding: Problems and opportunities in a perinatal center. In P. M. Taylor (Ed.), Parent-infant relationships. New York: Grune & Stratton, 1980.

Each parent's reactions will be unique and will depend upon the supports available, the severity of the infant's handicap, and the child's prognosis. For example, if the infant's grandfather resists the infant's diagnosis, the parents may have more difficulty overcoming their own feelings of denial. Parents of a child who will require hospitalization and surgery throughout childhood will experience many of these recurring emotions throughout the child's development.

Even after the parents have initially adjusted to and accepted their child's diagnosis, they often continue to experience a "chronic sorrow" (Olshansky, 1962). It is natural for the parent whose child has a handicap to experience many of the emotions listed above, as well as periods of sadness throughout the child's life. Researchers have identified predictable stresses that many parents of a handicapped child experience during the child's lifetime (Bentovim, 1972; Wikler, 1981). Parents of a mentally retarded child may experience critical stresses during the times when the child should be approaching developmental milestones like walking or talking. Parents experience stress at these times because there is a discrepancy between what most children do and delays their child is experiencing. Other periods of stress may arise when the parent faces a medical crisis, or begins to plan for the child's placement after school age.

Although it is clear that a father will not be able to resolve all feelings of denial immediately after learning about the child's handicap, it is important that he be helped to accept the child's diagnosis as early as possible so that the child can benefit from early remedial therapy and early intervention. After their initial acceptance, parents may continue to experience denial and ambivalence about the child's handicap. For example, a father who has been told that his infant has Down syndrome may continue to hope that the child will attain developmental and educational milestones. Upon learning of the handicap, parents cannot immediately release all their hopes they have nurtured, and often these threads of hope help sustain parents during the emotionally demanding period following the initial diagnosis. Unrealistic and extended hoping in the face of a handicap can be harmful, however, especially if it deprives the young child of early treatment and intervention, or if it fosters false hopes in the maturing child. A study of parents of six-year-old physically handicapped children found that most of their parents felt that their child would eventually be "normal" (Minde, Hackett, Killou, & Silver, 1972). Their children reflected this optimism about their prognosis. Between the ages of five and nine, however, the children began to express their realization that their handicap was not going to go away. As the handicapped child grows older, the parents must have resolved their denial at least to the extent that they can help their child prepare for the future.

The father's reactions and his example. More recent studies have probed into the unique ways that fathers respond to the birth of a handicapped child. These studies identify particular problems that fathers commonly experience and that a program leader can address. Cummings (1976) found that fathers of mentally retarded children were more depressed and experienced less self esteem and confidence in their roles as fathers than fathers of nonhandicaped children. The fathers also reported less enjoyment of their children than the controls.

Fathers have also been found to perceive their handicapped child as a threat to their self concept. Fathers who view their handicapped child as an extension of their own egos are apt to become isolated and to reduce or withdraw from social interactions (Call, 1958; Illingworth, 1967; Kohut, 1966).

Some fathers have more difficulty accepting the birth of a handicapped son than the birth of a handicapped daughter (D'Arcy, 1968). This is not surprising in light of the many cross-cultural studies showing that both parents prefer male infants over female infants. Parke and O'Leary (1976) found that fathers touched and vocalized more to their first-born sons. A study of fathers of temperamentally difficult infants found that fathers were more involved in social activities with their sons than with their daughters (Redina & Dickerscheid, 1976). This sex preference may further jeopardize the father's relationship with his handicapped daughter.

In some families, the father's emotional difficulties are masked by the father's felt need to be stoic and control his emotions. Men often find it difficult to express sadness or grief, and there are fewer socially acceptable ways for men to express these "weak" emotions. If the infant's mother is experiencing shock or depression, the father may deny his own feelings in order to support his wife.

The support that the father provides to his wife and family is another reason why it is important that fathers learn to accept their child's disability. Not only is it important that the father adjust so that he can develop a meaningful attachment to the infant; the father must also help other family members cope with their feelings. In many families the parents provide the model that siblings and other relatives follow in adapting to the infant's handicap (Call, 1958; San Martino & Newman, 1974). When both parents are able to integrate their feelings about their child's handicap, they can support each other in the recurring crises that will arise throughout the child's development.

The Importance of Fostering Understanding and Attachment

As we reviewed earlier, researchers have described contributions that fathers make to their child's development.

The father's engrossment and increasing attachment to his newborn infant will affect the infant's social and cognitive development. This attachment process is often jeopardized by the infant's handicap. Attachment may not occur as a result of the increased separation which the parents and the infant experience. The handicapped infant's appearance or lack of responsiveness may also delay attachment. Parke and Sawin (1975) found that parents' interactions with their infants were influenced by their evaluation of the infant's attractiveness. Other researchers have found that parents perceive the cries of infants who are labeled as premature to be more aversive than the cries of infants who were identified as full term (Frodi, Lamb, Leavitt, & Donovan, 1978). Parents found the cries most aversive when the infants' cries and appearance were presented together (Frodi, Lamb, Leavitt, Donovan, Naff, & Sharry, 1978). Premature infants, for example, do not look round and cuddly like the infant the parents have imagined, and the infant's physical appearance may inhibit the parents' interactions. The physically handicapped infant may fail to respond to visual or tactile stimuli. The infant may not snuggle up to the father when she is held, but may stiffen her limbs and seem to push herself away. She may seldom smile or look at the father. In these ways the handicapped infant may discourage the father from providing the very stimulation that the infant needs.

Attachment develops through repeated father-infant interactions. Researchers have described how both parent and infant contribute as partners in these interactions. The handicapped infant often fails to provide the signals that typically stimulate a father's response. Smiling and eye contact, for example, are infant behaviors that engage the father and express the child's individuality. The handicapped infant may show delayed or infrequent smiling and vocalization, infrequent eye contact, and difficulties in being handled (Stone & Chesney, 1978). In her work with parents and their blind infants, Selma Fraiberg (1974) found that parents varied in their ability to interpret their handicapped infant's needs. Some of her parents were able to sense their blind infant's needs, while others needed assistance in interpreting the infant's cues. Because the blind infant has a smaller repertoire of facial signs, and fails to initiate smiles, the parents can easily miss or misinterpret the other cues and hand signals the blind infant provides that tell the parent of its needs. The sighted infant who is motivated by the sight of desirable objects will crawl at an earlier age than a blind infant. Fraiberg has described how the blind infant must be stimulated to reach for the sound of a bell or a rattle and in this way is stimulated by sound rather than by sight to crawl. When the father learns to interpret his handicapped infant's cues, he understands that the infant is not rejecting him, for example, by not smiling at him. This understanding may prevent the attachment between him and his special child from being jeopardized. By understanding what the infant can do, the father is able to stimulate the child's development in ways that are mutually rewarding. The father of a handicapped child may need to learn a new behavioral language that is unique to his child (Stone, 1979). For example, the developers of an assessment tool for premature and at-risk infants have described how a premature infant will turn away from a soft rattle in order to shut out excessive stimuli, whereas the fullterm infant will turn toward it (Als, Tronick, & Brazelton, 1976). These behaviors reflect infants' differing abilities to regulate their states of excitement and withdrawal. The preterm infant, for example, may be more difficult to soothe, while the infant with Down syndrome may be more difficult to stimulate. The handicapped infant's responses may be jerky and it may tire quite readily. The father who is not prepared to experience these differences and does not know how to respond to them may be afraid to play with the infant, or may be discouraged after successive unrewarding interactions. Finally, the father may give up and withdraw from the child. These are the outcomes we seek to prevent by helping the father understand his own feelings about his infant, as well as to understand the nature of his infant's handicap. Acceptance and understanding will facilitate the father's attachment to the infant, as well as promote the child's development by fostering reciprocity between father and infant.

A strong rationale now exists for involving fathers in programs for their handicapped infants and toddlers. We know now that the birth of a handicapped infant has an impact upon the father, that it affects the attachment process and the nature of the interactions the father will have with the infant, and may influence the contributions the father makes to the child. This suggests that educators need to do a better job reaching out to these fathers. One study of parents of handicapped children reported: "Across all groups (surveyed) there was a general agreement that there should be more father involvement with the handicapped children. The fact that this does not happen or has not happened is an area in need of investigation, but there is no doubt that it should happen" (Gallagher, Cross, & Scharfman, 1981, p. 12).

New fathers, like new mothers, need an opportunity to do something directly helpful for their handicapped child in order to demonstrate their love and concern (Cummings, 1976). Moreover, fathers need an opportunity to freely discuss their concerns with men in a similiar situation--concerns that a next door neighbor or co-worker is unlikely to understand. When a father is provided a program that offers these opportunities, we can help decrease his sense of being isolated with his child's problems, address his questions about his child's handicap, increase his sense of attachment, and thereby help him become a more effective and available parent.

This handbook will explain as straightforwardly as possible how interested fathers and professionals may begin a Father's Program in their community and adapt this model to best suit the participants' needs and concerns. Before we begin to give you a clear description of the steps a father-professional team must take to organize and offer a program, we will give you a brief background on the program. We hope this introduction helps you decide whether you really want to and will be able to start a program in your community. This information will also help you explain the program to colleagues, and to potential sponsors and participants.

Chapter 2

What is the Father's Program?

Who Runs a Father's Program?

As we mentioned, one of the assumptions underlying the Father's Program is that fathers of handicapped children have the potential to be invaluable resources to each other. The Father's Program also assumes that professionals in special education should treat the child's parents as team members. It follows, then, that leadership in the Father's Program is ideally a collaboration of professionals and fathers. The team of a professional and a father offers the participants the best of both worlds. From the professional, participants may expect knowledge of child development, special education techniques, laws, programs, and services for handicapped children and their families. The team's father provides the participants with a role model and an especially empathetic ear. He will serve as a sounding board for the professional, and help make the program truly reflect the participants' needs.

Whether an effective father-professional team can be assembled in your community will depend on the talents and resources available. If, for instance, a father with the necessary qualifications or interest is not available, a Father's Program can still be run by one, or better yet, two qualified professionals. If qualified professionals are unavailable, one or two very motivated and qualified fathers can run the Father's Program. However, fathers may find running a program by themselves--in addition to working and being an available father--difficult. Also professionals are often better prepared than fathers to recommend services, explain special education techniques and terminology, procure guest speakers, and lead groups.

Whether the team is father-professional, professional-professional, or father-father, both team members should be qualified for the program to be effective. As a facilitator, the professional will need organizational, administrative, and education skills; the father will need experience with handicapped persons or their families.

Below are desired qualifications for professionals and fathers interested in becoming Father's Program facilitators.

Qualifications and Responsibilities of Professional Co-Facilitator

It is strongly desired that the professional co-facilitator:

1. Be a male special education teacher, psychologist, social worker, physical or occupational therapist, or other professional trained to work with special needs populations.
2. Have had professional experience working with parents of children with handicaps.

3. Be available to meet on Saturday mornings or at other times convenient to fathers.

Other desirable but less essential qualifications are that the professional co-facilitator:

4. Be familiar with active listening principles.
5. Be employed at the agency that is sponsoring the Father's Program.
6. Have had some experience leading groups.

Qualifications and Responsibilities for the Father Co-Facilitator

It is strongly desired that the father co-facilitator:

1. Be the father of a child with a handicap.
2. Have had experience with other parents of children with handicaps through involvement at developmental disability centers, schools, parent-to-parent organizations or other groups or associations advocating for handicapped persons and their families.
3. Be available to meet on Saturday mornings or at other times convenient to the fathers.

Another desirable but less essential qualification is that the father co-facilitator:

4. Be familiar with active listening principles.

When Does the Father's Program Meet?

An important feature of the Father's Program is that it meets at a time that is convenient for most fathers. We have found in our pilot program and in some field test sites that Saturday is the best day for most, but certainly not all fathers. Many fathers don't work on Saturdays and find it is the most convenient day for them; however in some communities Sunday or one evening during the week may be preferable. There are drawbacks to all of the choices: Saturdays are busy days for families, and some dads work that day; Sundays are reserved for church and rest by many families; weeknights can be inconvenient for young children who have an early bed time. The day you pick will depend on the needs of the majority of the men in your program, and the availability of space where the program will be held.

Along with the day, the time will also be an important decision. The pilot program found that Saturdays from 10:00 a.m. until noon is convenient for many fathers. This is late enough in the morning so that fathers do not have to rush out of the house and have ample time to drive to the program. Two hours gives participants time to become involved in all of the activities, but is not so long that the program drags. The 12:00 noon closing time gives the father and child the entire afternoon to do what they need to do. Again, you may find that a different two-hour time block is more convenient for your group.

You will also need to decide how often to hold the meetings. Saturdays can be extremely busy days for families, and it may be unrealistic to ask for weekly attendance. We have found that by meeting every other Saturday throughout the school year we can retain continuity from meeting to meeting without placing unrealistic demands on a family's valuable time.

Finally, we have had success with our "open-door policy." Because of work schedules, illnesses, therapy or doctor's appointments, and other commitments, fathers may not be able to attend each session. While we encourage and recommend that facilitators encourage steady attendance, we have found it would be unrealistic to require it.

The Seattle demonstration program meets on a bi-weekly basis throughout the school year, for a total of 17 sessions (including family picnics, holiday parties, etc.). Your program may choose to follow a similar schedule, or you may opt to meet fewer times; however, we recommend you hold a minimum of five sessions to achieve the program's goals. If you feel that you do not have enough fathers to warrant planning a full-scale Father's Program but you would still like to serve fathers, you will want to read our description of a one-time "Fathers Only" night in the chapter "Program Alternatives." This is a special one-time workshop you can offer for fathers on a weekday evening. This meeting may meet the needs of the fathers in your area, or it may demonstrate the need for a modified or full-scale Father's Program.

What Happens at a Father's Program?

The Father's Program brings fathers and their handicapped children together with other men and their children to discuss issues, enjoy activities, and learn new information. This section will describe the schedule for a typical program meeting.

Preparation at home. Each session begins long before the father and child step through the program door. While they are still at home, the father bundles the child up, talks to the child about what they are going to do, gathers the necessary diapers and bottles, straps the child in the car seat, and then heads toward the meeting. Many fathers report that the drive to and from the program is a special time for them to be alone with their child, a time for the father to talk to his child and perhaps point out landmarks along the road.

Greetings. Once at the meeting place, the father and child are greeted by the facilitator, who offers him a cup of coffee, holds his child while he takes off his coat and, if he is new, introduces him to the new fathers. Seemingly trivial, this greeting serves to set the tone for the entire meeting. This brief but important part of the program will be discussed later in detail in its' own section, as will all the component activities.

The Father's Forum. After securing his child in childcare, the father joins other fathers for the Father's Forum, the first major activity of the morning. At the Father's Forum, the father is given a chance to discuss his concerns in an informal setting. The topics may range from toilet training, to the in-laws' difficulty with the child's diagnosis, to the state legislature's stand on early intervention. The Father's Forum, as we shall see, does follow a general structure, but the agenda is set by the participating fathers.

Music/activity. Following the Father's Forum, the father rejoins his child for the second major part of the program, music and activity. While this is meant to be an enjoyable time for both fathers and children, the songs, games, and activities taught by the team also broaden the fathers' repertoire of activities suitable to their child's current stage of development. Attachment between the father and child may also be fostered when the father and child enjoy these activities at home.

Snacktime. A snack generally follows the music and activities. This short break not only satisfies fathers' and children's appetites but also provides an excellent opportunity for fathers to talk to other men, observe other children, and develop social networks.

Guest Speaker. Finally, the session usually includes a guest speaker who is invited to talk about concerns expressed by the fathers. For example, if fathers show interest in their children's future, a guest may be invited to speak on group homes, wills and trusts, or lobbying for programs for handicapped children. At other times, pressing topics may be here-and-now issues such as physical development, the nature of play, or dental care for special needs children. In order to allow the parents to give the speaker their full attention, childcare is also provided during this time. In some programs, mothers are invited to join this part of the class if they are interested in listening to the guest speaker. Like the fathers, the mothers meet other mothers at the Father's Program and develop friendships that offer support outside of the program.

This is a brief description of what happens at a typical program meeting, although leaders may find that there are few "typical" meetings. Facilitators are encouraged to vary the schedule and activities occasionally to avoid monotony and routine. Each part of the program will be described more fully in a later chapter, and a chapter will suggest program alternatives.

What the Father's Program is Not

In order to ensure that the reader has an accurate picture of the Father's Program, we must add a brief postscript on some things the program is not. The Father's Program is not therapy, group or otherwise, although it can be "therapeutic" for some parents. It is an opportunity for fathers to discuss frankly the myriad issues facing a parent of a handicapped child. Because it is not therapy, the Father's Program may not be appropriate for a deeply troubled father who may better benefit from professional help.

Additionally, the Father's Program is not meant to serve as a child's primary program; it is meant to supplement, not supplant, early intervention programs. Further, the Father's Program assumes that the child's mother is already adequately involved in the child's program. The intent of the Father's Program is to complement existing educational programs, not to substitute for them. One of the team's responsibilities in leading the Father's Program will be to insure that all families are being served by a regular educational program, and to help locate appropriate programs for families who are not being served.

The Goals of the Father's Program

In the following chapters, detailed information will be presented on how to conduct the various activities that comprise the Father's Program. Each of these activities are designed to help meet the fathers' needs we became aware of in the research we reviewed and in our pilot work with fathers at the University of Washington. We have developed these activities to help fathers accomplish the following goals:

Learn to read his child's cues and interpret his child's behaviors. Infants and toddlers, like adults, have needs and can have considerable difficulty getting these needs met. They get hungry, wet, frustrated, frightened, excited, thirsty, tired, sick, and uncomfortable. Infants depend upon their parents to gratify their needs and solve their problems. Because infants cannot communicate these needs verbally, it is imperative that parents be able to read their children's cues and interpret their behaviors. This, obviously, is a challenge for a parent of a nonhandicapped baby. A handicapped child's behaviors, however, can be especially difficult for parents to interpret. As we explained earlier, a handicapped infant may respond to stimuli in a very different manner than nonhandicapped infants. The father whose cerebral palsied baby arches her back every time he snuggles her, the mother whose blind baby does not return her smile, and the father whose three-year-old son with Down syndrome does not yet talk may all need help reading their child's cues. By exchanging experiences and insights with other "seasoned" fathers, a participant in the Father's Program can gain new perspectives on his child's behavior and cues.

Develop an awareness of activities, materials, and experiences suitable to the child's current stage of development. Many fathers of nonhandicapped as well as handicapped children run out of ideas about things they can do with their child. Yet play is very important in the infant's life, and the research suggests that father-infant play can contribute to the infant's cognitive and social development. By teaching fathers developmentally appropriate activities, games, songs, and exercises they can do with their child, we can increase opportunities for playful interactions that foster attachment and enhance the child's development. Fathers often share these activities with other family members and develop their own strategies for playing with and teaching their child.

Practice his skills as the child's primary caregiver. Many fathers are very apprehensive about stepping into the role of the child's primary caregiver. Fathers often report feelings of panic, worry, and mixed emotions the first few times they are left alone to take care of their new baby. Most fathers get over these fears after they develop some confidence in their ability to soothe and amuse their child. Fathers of handicapped infants must often cope with greater feelings of inadequacy when they begin to care for the child. They may want to help out their wives and provide some respite, yet they may feel like they are all thumbs when it comes to diapering and feeding an infant who may require more careful attention and who is often used to having the mother tend to these needs. The only real solution to this dilemma requires fathers to spend some awkward, uncomfortable moments with their child, to practice everyday caregiving, and to acquire the confidence that will help them offer their wives the support they will need as the child grows. While a father may be very interested in becoming a nurturing parent, he may find that assuming total care for his child is a new and challenging experience. At the Father's Program, he will have an opportunity to practice caregiving skills in a supportive environment. As the research suggests, increased caregiving may contribute to increased father-child attachment as well as to increased respite care available to the mother.

Learn more about the nature of the child's handicap. No parent asks to be thrust into the world of developmental disabilities and to be faced with many difficult questions about the child's handicap and future. Some questions are answered when parents are first informed of their child's handicap; however, many questions will not arise until the shock of the child's diagnosis wears off and parents are faced with a particular problem. Parents will have many questions about the effects of the handicapping conditions, medical treatments, and the availability of services and schools. Also, studies (Hersch, 1970; Love, 1973) and our own experience have shown that fathers are more interested in future problems--legal, legislative and economic matters--than mothers. Contact with the Father's Program facilitators, other fathers, and guest speakers provides a father with opportunities to learn more about all these aspects of his child's handicap.

Develop an awareness that he will be his child's primary educator and advocate. In addition to the adjustments we try to help fathers make to being the parents of an infant who has special needs, we also try to prepare fathers for the many adjustments they will have to make over the course of the child's development. For example, as the child reaches school age, fathers will spend less time in the role of the child's primary caregiver and more time in the roles of the child's primary educator and advocate. Just as the infant derives many benefits from parents who are effective caregivers, so too does the older child benefit from parents who are well prepared to assume these new roles. Noted educational researcher Urie Bronfenbrenner's (1974) study of parent involvement in preschool programs indicates that when parents are involved in the child's education they can reinforce the program's effects and help sustain them when the program ends. In this respect they are their child's most consistent and interested teachers. Children who have two parents involved in their education may have their educational needs more completely met than children with only one parent involved (Weinraub, 1979). The Father's Program seeks to help a father assume an active role in his child's education by increasing his awareness of educational services, techniques, and the responsibilities of all parties involved in the child's education--both his and his wife's as well as the school's.

Professionals and "seasoned" parents are well aware of the vital role parents play as advocates for their handicapped children. New parents need to learn not only the importance of advocacy, but how to become effective advocates for their children. Lawyers, politicians, and advocacy group representatives who speak to the Father's Program help a father achieve this goal. Equally important is the contribution of other fathers in the program who have lobbied on behalf of special needs children or advocated for their child in specific ways. Fathers share these experiences with the group, both formally, when a particular issue is being discussed, and informally, in private conversations before the meeting begins or during snack times, throughout the program year.

Discuss his concerns with other men in a similar situation. Perhaps the most significant aspect of the Father's Program is that it provides fathers of handicapped children access to peer support that previously has not been available. Fathers have fewer opportunities than mothers to share their experiences and special problems adjusting to their handicapped child (Cummings, 1976). As a result, many fathers can feel isolated with their concerns; in order to decrease their sense of isolation and increase social supports available to them, fathers, like mothers, need opportunities to discuss their problems with other fathers of handicapped children. Whether it is his concern about his wife's difficulty accepting the child's diagnosis, his fears about his child's pending open heart surgery, or his joy over his child's newly achieved developmental milestone, the father will be able to share these thoughts with sympathetic peers. In many cases, just the sharing of these concerns, the chance to unburden himself, is all a father will need. He often receives more than that opportunity, however, as other fathers chime in to let a father know he is not alone, or offer solutions to problems based on their own experiences.

Explore the changing role of the father in today's society. Today, fathers of handicapped children, like many fathers, are exploring the new roles and options available to men who want to share more fully in their child's care. Because most men lack models for their role of male caregiver, fathers interested in being nurturing parents need to gather information, ask questions, and share their thoughts about child development, discipline, eating habits, and other typical child-related concerns. In the supportive environment of the Father's Program, a participant will have these opportunities as well as access to a variety of role models whose actions and styles may influence his own.

Examine the impact of the child's handicap on the entire family structure. Obviously, the impact of the child's handicap is not limited to the child's parents. Siblings, grandparents, and other relatives all experience the handicap in unique ways (Farber & Jenne, 1963; Gayton & Walker, 1974; Grossman, 1972). These family member's needs, however, are rarely addressed. During the program, fathers who share their family's experiences with other fathers can increase each other's understanding of relatives' needs and learn how to help their family members cope with their individual stresses. Because fathers often set the example for other relatives to follow in adapting to and interacting with the child, it is extremely valuable for fathers to understand other family members' needs and be prepared to help them cope with specific problems, especially since these other family members are rarely involved in the child's programs.

The following chapters describe each component of the Father's Program. Each chapter will provide a rationale for the activity and detailed information how to conduct the activity. The major Father's Program activities--the Father's Forum, music, games and activities, and guest speaker--will be explained in greater detail than other less important activities.

Following the chapters on the component activities, a chapter titled "Putting it all together" will assist you in orchestrating the Father's Program.

Chapter 3

Getting Started

Awareness Activities

Before even one father attends one of the Father's Program sessions, the facilitators must plan and initiate the awareness and recruitment activities that will attract participants. Novice facilitators will be pleased to find that certain features of the Father's Program lend themselves to this effort. The fact that the program involves fathers and their handicapped infants and toddlers has attracted considerable media interest in the Seattle Father's Program. Our staff prepared several materials specifically for spreading the word about the program and attracting participants. The sample press release (prepared by the University of Washington's Bob Roseth and included in Appendix C) led to a local newspaper story, two prime-time local T.V. newsspots, a nationally distributed Associated Press article, and even an inquiry from "Good Morning, America!" Facilitators are encouraged to use press releases to publicize the program. The sample release can be used as a model, and the release can then be sent to local newspapers and radio stations. Other awareness activities include developing a brochure or fliers (Appendix C) to distribute to agencies serving handicapped children or their families. These agencies may include local Associations for Retarded Citizens, United

Cerebral Palsy, Pilot Parents or Parent-to-Parent Programs, developmental disability centers, hospitals, clinics, pediatricians' offices, therapists, clergy, etc. The brochure does not need to be elaborate or beautifully designed. It does need to contain the essential information a father will need to know in order to decide to come to a meeting -- like who is the program for, where and when does it meet, who can he call to ask further questions. The brochure also needs to reach fathers, which means you must distribute it to those agencies we have suggested.

Because the actual number of fathers you will recruit from any single program/agency may be small, you will need to direct awareness and recruitment activities at a variety of agencies serving young children. This is also a good idea because it results in having a variety of programs represented at the fathers' meetings. As a result, programs may have an opportunity to cooperate, and the fathers can learn about the array of services and approaches that are available in their community.

Recruiting Fathers

Awareness activities, however, should not be confused with recruitment activities. The television newsspots on the Father's Program mentioned above reached the homes of hundreds of thousands of Seattle area residents. Yet this excellently produced report "recruited" only one father. We have found that fathers are most successfully recruited when someone who is involved in the program (often, but not always another father) personally explains the program and its benefits. Because many fathers are not yet comfortable in the role of the nurturing parent, they are initially reluctant to join the Father's Program. They may think they do not have the skills or experience they will need to care for their handicapped child. They may be afraid to take the child out on their own. Or, they may think that a program for fathers will be too liberal, or will be a men's consciousness-raising group. However, by meeting and talking to another father who is active in the program, the new father can learn that the Father's Program is for men very much like himself--men who are concerned about their child and the impact the handicap is having on himself, his wife, and his entire family.

One very successful method of recruiting fathers is to offer to be a guest speaker for a group of parents of handicapped children at a developmental disability center, hospital, or early intervention program. The facilitators can informally describe the rationale for the program, the benefits it offers for fathers and their families, and the details about the meeting place, times.

An Agenda for a Recruitment Meeting

The following outline was used successfully by one Father's Program facilitator. You may wish to adapt it for your own use, adding your thoughts, anecdotes, and personal history.

I. Fathers are becoming increasingly involved with their young children.

II. Fathers of special needs children, like mothers:

- A. feel the impact of a child's handicap;
- B. benefit from a chance to share their concerns with other men who understand what it is like to be the father of a handicapped child;
- C. want to learn more about their children's handicap;
- D. wish to do something that shows their love and concern for their children and their support for their wives;

III. It makes sense to provide programs for fathers and their handicapped children.

- A. Traditional parent involvement programs may not be appropriate for fathers because:
  - 1. they often meet during the day and conflict with fathers' work schedules;

2. the high percentage of mothers attending often creates a situation where "mothers' concerns" take priority. While mothers' concerns are certainly valid, they may be different than fathers' concerns. Fathers, for instance, are often concerned about future problems.

B. What is needed is a program that:
  1) is reflective of fathers' interests;
  2) involves the father with the special needs child;
  3) meets at a time convenient to most fathers.

IV. Father's Programs' goals: The Father's Program helps father:
  A. learn to read his child's cues and interpret his/her behavior;
  B. develop an awareness of activities, materials, and experiences suitable to the child's current stage of development;
  C. practice his skills as the child's primary caregiver;
  D. learn more about the nature of the child's handicap;

E. develop an awareness that he will be his child's primary educator and advocate;

F. discuss his concerns with other men in a similar situation;

G. explore the changing role of the father in today's society;

H. examine the impact of the child's handicap on the entire family.

V. How do we accomplish these goals? Through rewarding mix of fun and discussion:

A. The Fathers Forum

B. Music, games and activities

C. Snack

D. Guest Speaker

VI. When fathers become involved with their handicapped children, who benefits?

A. Child

B. Mother

C. Father

D. Whole family

Also, we often use these opportunities to speak to a group of fathers to present a detailed image of the program by showing the SEFAM slide/tape presentation.* This presentation effectively explains the program in a participant's own words. The narrator, a father of a four-year-old girl, explains what goes on in a typical class and what the program has meant to him. At the end of the presentation, the facilitator can answer the parents' questions and pass around a sheet of paper for fathers to sign if they would like to be on the Program's mailing list. Because mothers are usually in the majority at most parents meetings, they often will take the liberty of signing up their husbands. This is acceptable; numerous fathers currently involved with the program first began to attend because their wives thought it would be a good idea!

The facilitators can also enlist the help of agency staff to recruit fathers. For example, you might ask teachers in early intervention programs to explain the program to new families. If a father is interested, he can give the teacher permission to release his address and phone number to the facilitator, who can place him on the mailing list and phone him to explain the program to the father in greater detail. If the teacher knows in advance when a father will accompany his child to the program, she can ask the facilitator or another father to drop by and explain the program in person to the new family. Or, if your Father's Program will draw fathers from several intervention centers or schools, you may wish to send business-reply style referral cards to the centers' directors. An example of this effective method of recruitment can be found in Appendix C.

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*Available from the Experimental Education Unit, WJ-10, University of Washington, Seattle, WA 98195, rentals _____, purchase _____.

A more informal method of recruiting fathers is for a veteran father to mention the program to a new father he meets. The veteran father will sometimes offer the new father a ride to the first meeting. The father in the slide-tape presentation replied to a question about how he would encourage a new father to join the program in this way:

> "I'd tell him 'I'll pick you up at 9:30. Come on with me. Come to the first class and see what it's all about.' You wouldn't have to worry about picking him up after that, because he'll be there. Once a father comes and talks to some of the fathers, learns what we do and has a chance to associate and share thoughts with some other dads, I'm sure he'll want to come back. He'll see that we're not doctors or anything, but we're more informative than some doctors because we've had first-hand experience..."

We have found that this kind of personal contact with someone who explains the program in a natural, caring, and friendly manner is the most effective method for introducing the benefits to a new father and making him feel welcome.

Greeting Fathers: Setting the Stage

As mentioned in the introduction, many fathers begin to prepare for the Father's Program long before they and their child enter the program's door. Arising early on his day off, the father dresses, feeds, and prepares himself and his child for an often long drive to the Father's Program. Many first-time fathers probably do this with a sense of apprehension. They may be wondering what will happen at the program, whether they will be asked too many personal questions, whether their child will fuss and cry in the mother's absence, or why they let their wives talk them into going.

So it will be important for the facilitators to make fathers, especially new fathers, feel comfortable and welcome. There are several things facilitators can do to help make a father feel at ease. First, if the program's location is unfamiliar, the facilitator can send a map to the new fathers. Also, if parking is a problem, provide suggestions about where to park. Signs directing the new father to the classroom can prevent a new father from having to hunt for the program while carrying a heavy baby and diaper bag.

Once the father reaches the program classroom, be sure to give the father a warm greeting. Make him feel welcome by admiring his child, and perhaps offering to hold the child while he takes off his coat. An offer of coffee, tea, or juice is greatly appreciated by many fathers.

Because we have an open door policy for fathers' participation in the program, we do not always see all the fathers on a regular basis. Family commitments may prevent a father from attending the program for several sessions, making it more difficult for facilitators and fathers to remember names. Therefore, it is helpful to provide both fathers and children with name tags. This allows fathers to greet each other by name, and is especially important if a father's infrequent attendance makes remembering his name difficult. Children are also given name tags that bear both the child's and father's name so that a childcare worker can match a fussy child with his or her dad; the tags also help fathers connect children with the other fathers.

Before joining the other fathers for the first major activity, the Father's Forum, the children may be situated in childcare.

Childcare

The need. In 1978, when we were offering our pilot Fathers and Infants Classes, the fathers could easily keep their children with them throughout the morning while they participated in The Father's Forum or listened to the guest speaker. Quiet, relatively inactive, and often sleeping, the babies caused few distractions. As those infants grew to be curious, active toddlers, it became increasingly apparent that the fathers could not carry on a meaningful discussion in the same room as their toddlers, who were seemingly intent on destroying the classroom. Some guest speakers found it especially difficult to compete with a roomful of frolicking 2- and 3-year olds. We clearly remember one guest speaker who was never able to make eye contact with any of the fathers, all of whom were busy trying to keep their eyes on their children.

Selecting childcare staff. Father Programs that involve children will probably need to provide childcare during The Father's Forum and Guest Speakers activities.

Your choice of childcare providers will depend on who is available, and how much your sponsoring agency has allocated for childcare. Good candidates include university and community college students, especially those majoring in early childhood, elementary, or special education. High school students (especially those involved in Family Living courses) may enjoy the opportunity for some "hands-on" experience. Similarly, mature siblings who are familiar with special children's needs may enjoy looking after the children. We do not recommend that you ask mothers to provide childcare (unless no others are available), because the Father's Program seeks to provide busy mothers a few hours of respite from their special needs child. Whether you enlist students or siblings to provide childcare, select a responsible adult who is aware of the special needs your children may have to supervise the childcare arrangements.

If your sponsoring agency can afford to pay the childcare coordinator and his or her assistants, or at least offer school credits, so much the better. Childcare entails real work and a regular time commitment, and paid childcare providers tend to be more stable than volunteers. You will want to be sure you have an adequate ratio of providers to children to assure adequate supervision, and this will depend on the children's ages and the severity of their disabilities. Infants and children with severe mental or physical disabilities will need one childcare provider for every one or two children. Older children who are able to participate in games and activities will require a lower staff to child ratio--one provider for every three or four children may be adequate.

The following job descriptions were used for the childcare coordinator and providers for the Father's Program pilot effort:

The childcare coordinator will:

a) be responsible for planning, setting up equipment for, conducting, and cleaning up after childcare for the Father's Program;

b) become aware of children's special needs;

c) supervise and direct other childcare providers;

d) notify fathers if a child is unconsolable or appears sick or hurt.

The childcare coordinator and the childcare providers will:

e) arrive at the Father's Program one hour before activities begin to set up equipment and remain until all equipment is returned following the end of the program;

f) be responsible for returning borrowed items to the classrooms;

g) assist in setting up and cleaning after snack;

h) agree to be available on all Father's Program dates.

Selecting a place. Space is also a concern when you are providing childcare for infants or for more active children. If you are arranging childcare for children under 2 years old, you will want to have a quiet area where they can nap, and a safe area where they can crawl without getting into trouble. You'll want to remove all dangerous materials before the program begins. You will probably need a larger space if most of the children are walking and moving around. Self-contained areas with some large open spaces, like multi-purpose rooms or small gymnasiums, are ideal. Your choice, of course, will depend on the space you have available.

Procedures for separating fathers and children. Both the fathers and the childcare providers may be a bit nervous at first when the fathers leave their children in the childcare room. You'll be surprised to know that the children do very well: they have an opportunity to play with age mates, and the separation from dads is usually painless. You can insure the childcare is efficiently organized by following a few easy procedures. Following the father's and child's entry and greeting, a father takes his child to the room designated for childcare. There, the childcare providers make sure the child has a name tag that also includes the father's name (in case the child becomes ill or unconsolable), and they ask the father about any special needs the child has that the staff should be aware of. It is helpful for the childcare workers to get to know the fathers; fathers are more relaxed leaving their child with someone they know. Fathers often spend a few minutes in the childcare room with the child and staff to make sure the child is comfortably settled before they meet with the rest of the fathers.

If it becomes impossible or extremely difficult for you to provide childcare, you may consider asking fathers to bring their children to every other meeting. Then include discussions and guest speakers only at the meetings the fathers attend without their children, and plan special activities for fathers and their children at the alternate meetings. Program alternatives will be discussed in a later chapter, "Alternative Meetings."

Chapter 4

The Father's Forum

The Father's Forum offers fathers an opportunity to discuss their everyday experiences and share the questions, problems, interests, ideas, and concerns that confront them as parents of handicapped infants and toddlers. Using the Father's Forum approach, leaders help a father discuss his concerns, learn how other families have approached similar problems, and select those ideas and solutions that are best for him and his family.

What is the Father's Forum Approach?

The Father's Forum uses a flexible structure to help fathers talk about the immediate concerns, interests, and issues they face on a daily basis. Rather than adhere to a curriculum with prescribed activities and topics, the facilitators use the Father's Forum structure to allow the fathers to develop an agenda based on their unique and immediate concerns, and to build their discussion around those concerns. These discussions, then, reflect what the *fathers* feel is important and timely, instead of what may seem important to the facilitators.

When the Father's Forum approach is used with this traditionally underserved population--fathers of handicapped children--it also serves as a support group. Through discussion, participants lose the sense that they are alone with their problems. The Father's Forum serves to support them not only as fathers of handicapped children, but also as persons interested in becoming more involved in all aspects of their handicapped child's life. While the Father's Program is primarily a parents' group with a focus on fathers, in many ways it is also a men's group; the fathers are re-examining the traditional male role they grew up with and are exploring a more nurturing, active role in child rearing. The Father's Forum portion of the Father's Program is similar in many ways to self-help organizations, except that self-help organizations are usually conducted solely by the participants themselves.

Aline Auerbach, in her important and highly recommended book _Parents learn through discussion_, outlines assumptions about participants of parent education groups that we have adapted for fathers of handicapped children:

1. _They can and want to learn, especially about issues and relationships that affect the growth and development of their child_. Fathers of handicapped infants soon find themselves having to navigate the unfamiliar waters of developmental disabilities; consequently, they may have many questions about the effect of the child's handicap on the family, on the child's education and future, on the child's ability to learn, or on the family budget. During the discussion that takes place at the Father's Forum, participants will have access to information on personal, family, and political concerns.

2. They learn best what they are interested in learning. This assumption provides the rationale for allowing fathers to develop their own agenda in the first meeting and to modify their agenda at future meetings. This approach frees the facilitators from having to guess the participants' concerns, or to rely on assessments that may reflect fathers' concerns at the time of assessment, but may not represent their most current needs.

3. Learning is most significant when the subject matter is closely related to the participants' own immediate experiences with their children and families. Facilitators will encourage that the discussion during the Father's Forum is focused as much as possible upon the participants and their families. Issues such as politics and legal issues are not necessarily out of place during the Father's Forum, but the session should serve as more than a political forum or information exchange. This is the time we encourage fathers to explore the day-to-day concerns they face as fathers of special needs children.

4. They learn best when they are free to create their own responses. By reacting to ideas brought up by others, fathers often have an opportunity to come up with their own ideas as they may never have done before, and to examine them more thoughtfully. They will have an opportunity to sift through the ideas others present and select and adapt those ideas that may be valuable to them. Each member is encouraged to make his own decisions.

5. The Father's Forum is as much of an emotional experience as it is an intellectual one. When discussing aspects of a child's behavior or the nature of the sibling or parent-child relationship, it will also be important for participants to discuss the feelings that are intertwined with the behaviors. While the participants themselves must always be the ones to decide whether or not to discuss their emotions, it would be a mistake for facilitators to ignore fathers' feelings and focus merely on an informational and intellectual plane. One of the important benefits fathers experience in the Father's Forum is an opportunity to examine and accept their feelings.

6. They can learn from one another. About groups engaged in an activity such as the Father's Forum, Aline Auerbach (1968) writes: "...the very exchange of experiences, ideas, expectations, hopes, and fears offers a rich palette to which various members can react and contribute, selecting those parts which have meaning for them. Within this interchange, the parents learn much from one another, sometimes sensing that others are reporting misinterpretations and false ideas, sometimes recognizing--almost with a start--that another group member has insight into something which they have approximated but not quite reached" (p. 26-27).

7. Each member will learn and share in his own way. Sharing information, especially personal information, can be a new and potentially threatening experience for many people. Each participant will have his own timeline for learning from and sharing with the group. At no time should a member feel pressured to participate in the discussion. Instead, each participant should be encouraged to move at a comfortable rate, take from the discussion what is meaningful to him, and come to his own conclusions.

8. Fathers wish to be nurturing, caring parents. Fathers today wish to be more actively involved in child rearing than fathers in previous generations. However, most men lack useful male role models. Most, having grown up in traditional families where mothers are the primary caregivers, will need support and encouragement for their efforts. In this respect, the Father's Program functions as a men's program. Other fathers and especially the facilitator will be instrumental in helping a father feel that it is acceptable and desirable to be a warm, nurturing, and caregiving parent to his handicapped child.

Conducting The Father's Forum

Usually, the Father's Forum is the first major activity of the morning's program, following the informal greeting upon arrival and an offer of coffee that helps create a relaxed, informal atmosphere. However, at the group's very first meeting, many facilitators may want to hold the Father's Forum at the end of the program after they have completed registration and introductory activities. In any event, the Father's Forum part of the class will be one of the most valuable experiences a father can have in the Father's Program.

Facilitators, as well as fathers, may feel nervous at first about the Father's Forum. They may worry about their ability to conduct a Father's Forum session. Despite what you might think, extensive professional training is not necessary to lead an effective group discussion with fathers of handicapped children. What is most important is the attitude of the facilitators. Their attitude should convey genuine concern, warmth, and respect for the participants and their families. If they truly believe that parents are experts about their children, professionals must treat parents of handicapped children as colleagues instead of students, clients, or patients.

The Father's Forum structure provides a straightforward method of introducing the fathers to each other, building an agenda of topics, interests, and concerns they would like to discuss, and beginning a discussion. Each of these component activities - introduction, agenda building, and discussion - will be reviewed separately, both for an initial meeting, and for regular subsequent meetings.

The Very First Meeting

Introduction. Simply providing fathers an opportunity to talk to other fathers about their concerns is often enough to generate discussion. After conducting numerous workshops for "fathers only" where fathers have had the opportunity to talk to other fathers for the first time, we have found that introductions among a group of eight members can last over an hour and one half! Clearly, fathers have many thoughts and experiences they are eager to share. If the fathers in your program have not previously met or had a chance to tell their families' story, introductions will most likely take up the entire first part of the Father's Forum session. This is desirable, because the sharing of experiences serves to bring the group close together and convey acceptance and empathy. For fathers who have not had an opportunity to share their stories like this before, it may also be a great release. However, to increase the depth and widen the scope of the discussion, and to facilitate the fathers' understanding of the opportunities available from the outset, it is advisable for the fathers to be aware of the goals of the Father's Forum. Below we describe how one facilitator introduced the Father's Forum. You may wish to present the goals differently; however, be sure to address all of the main points we describe in the Outline following this sample introduction.

Sample Introduction to The Father's Forum

Use this as a guide when you lead your first Father's Forum discussion.

I'd like to start by describing some opportunities that you will have in this part of the program. The first and probably most important opportunity we'll have is a chance to talk about common interests, concerns, and joys with other men who really know what it is like to have a child with special needs. Because we conduct this as an open forum, we may discuss virtually any topic related to children with special needs. Depending on your interests, topics may range from the state legislature's stand on early intervention, to toilet training, to how having a child with a handicap has changed your philosophy of life.

Another opportunity we'll have is to discuss our children. Someone once said that successful parenting depends on a parent's ability to read his child's cues and interpret his behavior. That's tough enough with nonhandicapped children. Special needs kids can present a special challenge. Luckily, we have a panel of experts here - each other. By sharing your concerns about your child, we can hear how other families have handled similar situations. This may confirm that you are doing the "right thing", or present you with a solution that you previously had not considered.

Finally, we'll have an opportunity to examine the impact of the child's handicap on the entire family. A child's special needs affect all family members, not just mothers and fathers. During the Father's Forum, we can talk about the impact our child's handicap has had on us, our wives, our other children, and the children's grandparents. We now know that siblings have very real concerns that are best dealt with before they can become full-fledged problems. Grandparents, as many of you know, can have an especially hard time adjusting to the diagnosis of the child's handicap. During the Father's Forum, we can discuss these family concerns, find out what other families have done that has been successful, and learn from one another.

The structure of the Father's Forum doesn't follow any preplanned outline. We'll build a plan based on your day-to-day concerns and interests. Later, as the sessions progress, we'll add to this plan as you have new ideas or topics to discuss.

The Father's Forum won't be a free for all. I'll try to keep our discussion focused and meaningful to us all. I may ask you to consider another side of a question, and may ask you to share what you know with other dads.

As we haven't had the opportunity yet, let's take some time to introduce ourselves, share some information about our special children and families, and suggest topics we'd like the group to discuss during the Father's Forum.

Outline of Main Points of the Father's Forum Introduction

Opportunity to discover common concerns: During the Father's Forum, the fathers will have an opportunity to discuss common concerns, joys, and interests with other fathers of special needs children. (Fathers will have a chance to talk freely to men who know what it is like to be the father of a special child.)

Opportunity to discuss their child: During the Father's Forum, fathers will have an opportunity to discuss their child's behavior. (The collective expertise and experience of the fathers is considerable and valuable.)

Opportunity to discuss their family: During the Father's Forum, fathers will have an opportunity to examine the impact of the child's handicap on the entire family. (A child's special needs can put extraordinary strains on all family members, not just mothers and fathers.)

Structure: Rather than follow a planned outline, the Father's Forum is organized around the participants' immediate concerns. The group builds a plan and adds to this plan as new concerns arise.

Facilitator's role: To keep discussion focused and meaningful to participants. Also, the facilitator will encourage exploration of a topic or question, and ask fathers to share what they know with other participants.

During the introductions, other fathers may ask questions or make comments, especially if they have had similar experiences. While this is exactly the kind of conversation to be encouraged during the Father's Forum, it may be necessary for the facilitator to tactfully "wind down" or curtail conversation so all the participants can introduce themselves in the allotted time.

Agenda building. At the end of his introduction a father may suggest a topic for discussion. If not, the facilitator may inquire "Is there an issue or concern you would like the group to discuss?" (Note the wording here. If we had asked the question in a slightly different way - "Is there an issue or concern you would like to discuss with the group?" we probably would have made the father feel he was on the spot. We have worded the question to take the focus off the father and put it on the group.)

On occasions, a father may introduce a very general topic for the group to discuss, such as "education" or "my other kids." When fathers give these short, general topics it is advisable for the facilitator to ask the participant to explain his concern a bit more fully. A probe such as "Could you tell us a little more about your nonhandicapped children?" may encourage the father to explain these concerns more specifically. Again, this father will have a chance to explain his concerns in fuller detail later, but a short explanation now will help the facilitators and the other fathers better understand the father's true concerns.

The facilitators, during this time, should jot down the topics suggested for discussion, and the names of the fathers who mentioned them. After all the fathers have had an opportunity to introduce themselves, the facilitators will summarize or tie together similar concerns or, if concerns are diverse, they may comment about the diversity of topics that concerns families of handicapped children. These comments help reassure fathers that their concerns are not unreasonable, and help bring closure to the first Father's Forum. The facilitators should convey at the end of the first Father's Forum that at the next class they will begin a full discussion on the topics presented and, as always, fathers will be able to introduce new items for the group to discuss.

Subsequent Father's Forums

Introduction. The first Father's Forum meeting serves to introduce fathers to one another and to let fathers outline their concerns. Due to time constraints, any real discussion of the issues raised during the first meeting will probably not begin to take place until the second meeting. Therefore, the facilitator will need to help re-create the atmosphere and tone that ended the first meeting, so the participants can easily move into discussion. This can be accomplished by briefly reviewing Father's Forum goals and opportunities, and providing new fathers a chance to introduce themselves.

Agenda building. Following the introductions, the facilitator may give a brief summary of the topics mentioned at the first meeting. Some facilitators find it helpful to list the topics on a large piece of paper for the group to see. Fathers need to know that they are free to add topics at anytime.

After these opening comments, the facilitator can ask the group a question such as "Where should we start today?" On occasion, this question is greeted with silence. Often, a parent will venture a suggestion to break the ice. If silence prevails, the facilitator can make a comment such as "With all the different topics given, it's really hard to know where to start, isn't it?" or "We can really start anywhere" and review the list of topics. The group need not restrict themselves to the topics previously mentioned. Participants are free to bring up topics, concerns, or issues at anytime. Sometimes fathers will wish to share personal concerns, such as a daughter's pending heart surgery. Items in the news such as controversial legislation on "wrongful life" lawsuits may come up for timely discussion. Once a parent has offered a topic, it is helpful to check with the group to see if there is an additional topic they would also like to discuss. This allows the facilitator to switch to the second topic if the first runs "out of steam" and, if not used, can serve as a natural bridge to the third session.

Discussion. In opening discussion on a chosen topic, the facilitator may need to ask the father who suggested the topic to explain it in more detail, so the group will have a clear idea of his true concerns. Other fathers may comment spontaneously on the expressed concern or interest; if not, the facilitator may need to use a combination of active listening and group exploration techniques to explore the father's concern and elicit discussion. For example:

Facilitator - Mike, you mentioned that you'd like to discuss feeding skills. Can you tell us a little more about this? (defining concern)

Mike - Well, I'm trying to help Angie learn how to feed herself, and I have the breakfast shift, but my God, what a zoo! The food starts flying and both of us end up with food all over us.

Facilitator - Breakfast is becoming a pretty frustrating experience for both of you. (Active listening)

Mike - I'll say. We're either doing it wrong, or she's not ready for it or something.

Facilitator - Let's open this up. (To the group) This sounds like a concern many families have dealt with (fathers nod head in agreement). When did you know your child was ready to feed herself and what did you do that you found successful? (group exploration)

Following this introduction, fathers embarked on a discussion of the special challenges and solutions in helping a handicapped child eat independently. To be sure, many of the suggestions and opinions offered will not be practical for the inquiring father. However, several will hit home directly, and others will require the father to consider the problem in a light he has not considered before. Still other suggestions will help other fathers in the group who have similar problems. Notice that in the example the facilitator used three steps to begin the discussion. First, he helped define the concern by asking the father to share additional information with the group. Second, by using active listening, the facilitator was able to tap into the father's underlying feelings and encourage further definition. Third, recognizing that Mike's concern was probably shared by most fathers, the facilitator decided to open the discussion to the group.

Defining concerns, active listening, and opening the topic for discussion are all techniques you will use to foster meaningful discussion of the group's concerns.

Defining concerns. When helping a father define his topic or concern you may, as in the example, ask the father to tell the group "a little bit more" about his concern. With other, more talkative fathers, this may not be necessary. The concerns of both reticent and talkative fathers, however, may need to be brought into focus. One way to do this is to ask the father what aspects of the topic are troublesome, or what parts he would like the group to discuss. Another valuable method of bringing the father's concerns into focus is active listening.

Active listening. In active listening, the listener - in this case the facilitator - reflects back to the speaker only what he understood the speaker to say, without adding his own (the facilitator's) opinions, thoughts, or advice. This technique encourages the father to talk more and deeper. One noted author on active listening, Dr. Thomas Gordon, calls these reflective statements "door openers." By making a special effort to reflect back the speaker's _feelings_ about the topic, the facilitator conveys that it is safe and permissible for fathers to express their feelings in a group. Fathers of handicapped children often harbor an array of unvented feelings. By judiciously using active listening during the Father's Forum to convey acceptance of a father's thoughts and feelings, we give him - perhaps for the first time - an opportunity to share his feelings with other fathers of special needs children. Active listening, a valuable technique that you can use during the Father's Forum, in other parts of the Father's Program, and in your personal life, is discussed in detail in Appendix A.

Opening the discussion. Once the topic has been identified, the facilitator will often open the topic to the group for exploration. Fathers will share their "stories," thoughts, or opinions on the topic. Whereas the facilitator usually avoids giving advice, fathers are encouraged to offer their advice. If a balanced variety of advice is offered, the father has a variety of options to consider. It will be the facilitator's responsibility, then, to solicit a variety of fathers' opinions and, if necessary, curtail the remarks of a father whose advice is off the mark, too extreme, lengthy, or inappropriate.

Often, it is possible to "tie in" other fathers' concerns with the issue under discussion. For example, coping with a power struggle at the breakfast table can present similar problems as those experienced by a father trying to toilet train his child. The difficulty one father's wife is experiencing in accepting the child's diagnosis can lead to a discussion on family adjustment to a handicapping condition, which can include a discussion of issues raised by other fathers, such as grandparent or sibling problems. The facilitator will wish to tie together topics when possible and beneficial to the discussion or to the fathers' understanding of a problem.

Although most of the issues fathers raise will be of interest to the majority of the group, on occasion a father will raise an issue that will not be suitable for group discussion. For example, after defining a concern you discover that what a father of a child with William's syndrome really needs is some basic information on the syndrome. In this case, the Father's Forum group would not be the best place to discuss this concern. The group as well as the facilitators may know little about the syndrome, and unless there are other families whose children are affected with the syndrome, the topic will be of limited interest to the group. In this case, the facilitator should step in and suggest that the father meet individually with the facilitator, who will help the father locate accurate information on his son's handicap.

Defining the concern, active listening, and expanding the topic are valuable ways to begin an in-depth discussion; however, they may not always be necessary! Often, after hearing a father's concern, other members, having had similiar experiences, will add their thoughts without the least bit of prompting from the facilitator. The facilitator's role in this case will be to check back with the father who originally brought up the topic to see if the conversation is addressing the topic he had in mind.

Note that we have given the facilitator a somewhat neutral role. While he is not necessarily without opinions or observations to share, his job is not to be an instructor, teaching didactically, but to facilitate the conversation and thoughts of the group members. When fathers are presented a range of values, evidence, and opinions, they may select those ideas most meaningful and thus increase their skills in rational problem-solving, allowing them to be more autonomous and creative (Pickarts and Fargo, 1971). To encourage this process, the facilitator encourages fathers to explore a topic, keeps the discussion focused, and asks fathers to share their knowledge with other fathers.

Inevitably, participants will ask questions about behavior, handicapping conditions, or services for which the leader will not have an answer. When this arises, the facilitator will assume the role of a resource person. Fathers appreciate the honesty of a facilitator who says "I don't know but I'll find out and let you know." He usually has better access to information than most fathers. Still, a note of caution is appropriate here: the leader should not foster dependency by allowing the participants to use him as their sole resource provider. Care should be taken to help the participant become his own resource person, thereby helping him to become more independent and autonomous.

If you are apprehensive about your ability to facilitate a successful Father's Forum, please remember that it takes time to develop these skills. Equally important as those skills are your attitudes toward the fathers--your respect, concern, warmth, and honesty. Conveying these attitudes will help you over the rough spots as you gradually learn from your mistakes and become more proficient at facilitating the Father's Forum.

Chapter 5

Songs and Activities, and Snacktime

The activity portion of the Father's Program offers fathers and children a special time to learn songs and activities that they may enjoy both at the Father's Program and at home.

The Benefits of Play to Parent and Child

Experiences that a parent and child share together during the first few years of a child's life bear rich rewards for both parent and child. The young child learns about her abilities, the people and the world around her, and the way she can affect her environment. She also learns what it is like to be involved in an intimate relationship in which both parent and child are active partners. It is through her parents that an infant learns that her reflexive cries have a meaning for others--that her actions produce results. It is with her parents that an infant will first look at a person, smile, and look away again. Besides fostering a relationship with her parents, this early version of peek-a-boo sets the stage for more complex games that teach her about the consistency of objects in the world around her.

Through play, not only do infants learn about cause and effect, object permanence, and other things that will help the child go on to make more and more discoveries; parents are also richly rewarded for the time and energy they spend playing with their child. A father's self-esteem may be heightened when he starts to play one of his child's favorite games and sees his child's eyes light up. The bleary exhaustion that a father feels upon being awakened at 5 a.m. may dissolve when his child claps her hands to a song he sings while changing her diaper. A father's pride grows as he watches his child's play become more varied and complex. Both father and child may eagerly anticipate the "special time" to play when the father arrives home from work. The activities shared by the parent and child are not merely played for the child's sake - they can become mutually satisfying for both parent and child. The reciprocal games and activities they enjoy form a foundation for their growing relationship.

As well as promoting the healthy growth of a parent-child relationship, play provides an enjoyable and valuable way to help a child develop skills and concepts. While it may appear to be merely fun, play is, as the noted developmental psychologist Jean Piaget reminds us, the work of children. Through play, a child learns about the physical properties of the world in which she lives. As mentioned before, peek-a-boo helps a child learn that objects and people don't disappear when they can't be seen. (Doctoral dissertations have been written on the importance of peek-a-boo games!) Games such as pat-a-cake and "I'm gonna get you" help infants learn to time and anticipate events. Like little physicists, toddlers playing in a tub, pouring water from one container to another, are teaching themselves about the world's physical properties.

The play of the handicapped child. Play's dual functions -- to foster positive relationships with parents and others, and to teach a child about her world -- are as important to a child with special needs as they are to any child. However, the child's handicap can impede activities that may appear to happen effortlessly with a nonhandicapped child. The handicap can affect the play behaviors that usually lead the child to make discoveries about her world. A child's developmental delay can cause a child to play at one level of development for a longer time than other children of the same age. It may take the child longer to move on to more complex activities; the child may remain at one level for so long that the parents and child may lose interest in activities that were once enjoyable.

A handicap can also affect the parent-child relationship that play facilitates: a father may not feel confident to initiate activities with his son who has cerebral palsy and limited play skills; a baby who is visually impaired may not respond to her father with the smiles that keep both play partners interested and enthused; a father of a child who is deaf may experience frustration in play that requires language; the father of a developmentally delayed child may be discouraged when his child cannot play like other children her age.

Father-child play. The special time fathers spend playing with their children is particularly important because of the way it differs from mother-child play interaction. Recent research on the father's role as a playpartner has revealed some fascinating findings. Although mothers and fathers often play many of the same games, there appears to be a definite difference in styles. Fathers engage in sigificantly more physically stimulating games such as bouncing and lifting (Power and Parke, in press) than do mothers, who play more verbal or conventional games such as pat-a-cake, peek-a-boo, or playing with a toy (Lamb, 1977). Parke and Sawin (1976) noted that when infants vocalize, fathers are more likely to vocalize back to the child, while mothers are more likely to hold, touch, or pick up the child. Pediatrician and researcher T. Berry Brazelton (1979) noted that the difference in parents' play styles helps an infant learn to expect the reactions that characterize each parent. Discriminating and responding appropriately to each parent prepares the child for relationships with others; the child learns to develop expectations about the kinds of experiences associated with certain individuals.

A father's play -- more so than a mother's -- seems to affect a child's later development according to one study (Clarke-Stewart, 1980). Fathers who are proficient at peek-a-boo, ball toss, and bouncing had children who were more cognitively advanced than those children whose fathers couldn't keep their children interested in their games. A father's role as a play partner is so significant that at least one researcher (Parke, 1981) has suggested that while mothers contribute to their child's development in a variety of ways (including through play), fathers probably make their primary contribution through play.

While a father's play is important, many fathers of children -- handicapped or not -- have a limited repertoire of things to do with a baby. This limited repertoire may not be critical for a father of a nonhandicapped baby -- children can be excellent teachers. But handicapped children with sensory deficits or developmental delays may be less proficient teachers. Fathers can benefit from learning a wide variety of activities and how to adapt them to meet their child's needs. Enjoying a variety of activities can help create a special bond between father and child and can help sustain a father's and child's interest as the child exercises her emerging skills.

During the Father's Program activity time, fathers will have an opportunity to learn songs and activities that are developmentally appropriate for their children and fun for both partners. By teaching fathers new activities, and asking them to share their favorite activities, facilitators help fathers add to their "bag of tricks" from which they can draw. As fathers and children use new, developmentally appropriate activities, their opportunities for enjoyable, rewarding play times -- and the relationships and skills they produce -- increase.

How to Select Activities

The songs and activities you select will depend greatly on the group's size and demographics, safety considerations, the ages of the children, and the types of handicaps the children have. The following sections discuss considerations for selecting appropriate songs and activities.

Handicapping conditions. The Father's Program is designed to supplement a child's early intervention program, where the child is involved in activities that address IEP goals and are therapeutic in nature. At the Father's Program, the focus of the songs and activities is primarily recreational rather than therapeutic. The songs and activities are selected because they are fun, and because they are emotionally satisfying. While the songs and activities we teach in the Father's Program also can help a child learn, they are taught primarily to foster a loving, playful relationship between father and child. While children's IEP goals may be discussed during the Father's Forum, they are not directly addressed at the activity portion of the program because the children may come from many different early intervention programs. In most cases, the facilitators will not be familiar with the details of each child's educational program. The facilitators will, however, select play activities that can be adapted to meet the special needs of the children in their group.

Most children with handicaps can do things a nonhandicapped child can do if their special needs are taken into account. Below are some general suggestions for adapting activities for special needs children. At the end of this chapter are individual activities with specific suggestions on how to adapt them for children with different handicaps.

Children with mental retardation benefit from clear directions. When you introduce a song or activity, make sure that you have the children's attention, or ask the fathers to get their children's attention. When you describe the song or activity, provide simple, clear cues, and keep your pace slower than usual. Use motions along with words to help the child understand your instructions. Songs in which motions accompany the words are especially recommended. Don't be afraid to repeat the songs you use. Fathers will like the repetition. All children benefit from repetition, especially children with mental retardation, when they are learning a new song.

Children who are deaf or hearing impaired can enjoy many of the same activities as hearing children, including songs, if a few accommodations are made for them. Many times when parents play a game with their young infant, they make a noise to attract the child's attention and stimulate a reaction. When parents use toys like rattles and shakers, they help teach the hearing infant about cause and effect. Since many hearing-impaired children will not be able to hear these toys, you can encourage fathers to substitute toys that spin, vibrate, or light up when activated.

Children who are hearing impaired can also enjoy songs when fathers adapt them to the child's needs. Encourage fathers of infants and toddlers to place their child's fingers on the father's lips or throat while he sings, so the child can feel the vibrations that result when he sings. Select songs that are easily signed, and teach all the fathers the signs that go along with the song. Songbooks containing signed songs are available from Gallaudet College Press Distribution Office, Kendall Green, Washington, D. C. 20002. In addition to, or as an alternative to signed songs, select songs with motions that are intrinsically rewarding to the child such as "Let's Go Riding On an Elevator," or "Open, Shut Them." Hearing-impaired children may have difficulty hearing very high sounds, so try substituting lower-pitched toys like drums and cowbells for marches, dances, and other activities involving musical instruments.

Children with motoric or orthopedic handicaps can enjoy a wide variety of activities, as long as they are in a secure, comfortable position. For many motorically handicapped children, the proper position is very important. Often, the fathers themselves will know which positions are best for the child. We recommend that you discuss this with the father as soon as he enters the program. If you are still uncertain about whether a position is acceptable for the child, ask the father for permission to contact the child's physical therapist. The P. T. will be able to help you plan activities that keep the child in the proper position.

A child with visual impairments can participate in most activities with some creativity on the part of the facilitator. By selecting materials that provide a lot of tactile interest, you can effectively involve a visually impaired child in an activity. For instance, an activity that requires children and fathers to tear and paste colored scraps of paper in order to make a "collage" can be easily adapted for the visually impaired child and her father if they use a mixture of sandpaper, corrugated paper, aluminum foil, and smooth paper. When selecting activities, be sure to include some tactile activities that all the children can enjoy, such as playing in a water table that is full of styrofoam beads, dried macaroni, or dried beans instead of water. When a child with visual impairments enters your program, encourage the child to explore the new surroundings at the program classroom as he becomes familiar with the new environment. Always speak to a visually impaired child before touching him, and if you are going to do something to him, like pick him up, be sure to tell him before you do. Also, visually impaired children benefit greatly when a sighted person describes what he is doing, or talks about the characteristics of the objects the child is playing with. These experiences will help the child begin to attach labels to things as he begins to develop language. Fathers will need to gently shape, or physically guide the child through activities, especially songs that require motions. By repeating the songs and leading the child through the motions of the activity, a father can help his visually impaired child to learn to sing and enact the songs independently.

Varying demographics. When selecting songs and activities for your program, the demographics of the fathers and children will help guide your selection. For instance, are the fathers and children in your program similar or are they diverse? What different ethnic groups and religions are represented in your group? Are the children's handicaps very different, or do you have a large group of children with the same handicap? Does your program serve only children from 0 - 3 years, or do you have fathers with older children as well? The answers to these questions will influence the types of activities you may include.

Obviously, the more similar the group, the simpler the planning will be. If you have a large group of children with cerebral palsy, you can select activities that will be appropriate to their needs. If your group consists of fathers and their very young infants, the activities you choose will reflect the children's young age.

Providing opportunties for a diverse group of fathers and children is more of a challenge and may require modifying your activities. However, diversity reflects the pluralistic society we live in and can add a richness to a program. If your program has Spanish-speaking families, for instance, you may wish to include Spanish-language children's songs for all the fathers and children to learn. Adapting an activity so a blind child and her father can participate can help all of the fathers become more aware of auditory and tactile experiences for their children they may not have considered. Sometimes, the diversity of a group will restrict your choice of activities: Easter and Christmas songs will not be appropriate if you have non-Christians in your group; avoid recommending toys, materials, and services to fathers if it unlikely they can afford them. While the diversity of the families you serve will not be the primary criteria for selecting activities, it is a factor facilitators will need to consider.

Group size. Another consideration for selecting activities for the Father's Program is size of the activities group. Two questions that will help you decide how large your groups should be are: what are the minimum and maximum numbers of fathers and children needed to make a particular activity work; and how large of a group are you comfortable leading.

The size of an activities group may vary from week to week based on the activity you present; some activities work well with just a few fathers, while others may fall flat unless the group is larger. The actual turnout for the Father's Program will also influence the nature of the activities; it may be necessary to make contingency plans for both small and large group activities. This allows facilitators to select whichever plan matches the size of the group at that particular meeting.

If you have a large group that you must divide in order to have a successful activity session, you may decide to divide the group according to the children's age or developmental ability. This can help simplify planning, since it will be difficult to find activites that can be enjoyed equally by infants and other passive children as well as active toddlers.

Presenting Songs and Activities

For some fathers, participating in songs and activities with young children will be uncomfortable or embarrassing. They may feel self conscious. They may feel that playing with young children is somehow childish or unmanly. Even fathers who regularly play with their child at home may not feel completely comfortable singing and clapping hands in a group. Therefore, the songs you present as well as the way you present them will make a big difference in how they are accepted by the fathers in your program.

Start with familiar songs. When selecting songs, help insure success by beginning with a song the fathers and children have learned from a previous session, or a song they already know. "Row, row, row your boat," "London Bridge," "Twinkle, Twinkle Little Star," "Mary had a little lamb," "Old McDonald had a farm," and "Oats, peas, beans, and barley grow" are examples of songs that many fathers will know or at least have heard. The tunes to these songs can also be used with other, new songs. Later in this chapter are examples of new songs sung to familiar tunes. As the year progresses, alternate familiar songs with the new songs you present. This way, the partcipants can practice and experience success with the songs they know.

Enthusiasm is contagious. Depending on the facilitator's personality or training, introducing activities can be a frightfully new experience or a natural, easy task. A critical ingredient, however, for any successful activity session is the facilitator's enthusiasm. For fathers, who may be preoccupied with their children's special needs, and who may feel that being their child's playmate does not fit the traditional male model, a facilitator's attitude toward a particular activity can determine whether an activity is merely tolerated by the fathers or is thoroughly enjoyed and repeated again and again at home.

The facilitator's enthusiasm for the activities is a carryover of the attitude the facilitator demonstrates at the beginning of the program. The warm welcome the fathers and children receive as they arrive, the attention the fathers receive when they express their concerns during the Fathers Forum also convey to the fathers the acceptance, concern, and optimism of the program leaders.

Being silly is O. K.! Fathers often work in environments that create stress, and coupled with the stress caused by the child's handicap, they often lack opportunities to openly express their feelings. Facilitators can provide a model for fathers in the class by their own lack of self-consciousness and spontaneity. One facilitator, who used to demonstrate the motions for a song with a large rag doll put it this way, "The way I see it, we try to give the fathers permission to act really silly and just have fun with their kids. The fathers look at me and figure that they can't look any more ridiculous than I do." By putting himself in a vulnerable position--by being silly, making jokes at his own expense, and sharing his feelings -- the facilitator conveys to the group his willingness to be open to them and provides a positive role model.

Personality factors--the facilitators' and the fathers'. To assure the success of the activites you present, it is imperative that you are comfortable with the songs and activities you choose. If you feel stupid introducing a song with the chorus of "Squirrel! Squirrel! Shake your bushy tail!" it is highly unlikely that you will inspire much enthusiasm in the fathers. Select songs that you feel comfortable presenting. If you don't read music or can't carry a tune, pick a song that has the same melody as "Row, row, row your boat", or "London Bridge is falling down."

When selecting music for the fathers and children to dance or move to, don't confine yourself to traditional children's music. Feel free to use other kinds of music that will meet your needs. For example, Strauss waltzes are excellent for swinging babies in blankets. Spirited dances, complete with maracas and tambourines, can be even more joyous when the recorded music is "Let's twist again," "Jailhouse Rock," "Zorba the Greek," Sousa marches, bluegrass fiddle tunes, Motown, rock 'n' roll hits, or any other musical blasts from the fathers' musical past!

Evaluating the Success of Your Activities

Experience will help guide you in identifying what works well and what does not. Because the fathers and children respond most enthusiastically to songs, games, and activities they already know and can do well, it will be difficult to judge the success of a song or activity the first time you present it. Often, it takes a few times for a group to warm up to a new activity; this is why we try to offer something new each time we meet. This allows the fathers and children to enjoy some success with an activity they have practiced (and perhaps adapted), and add it to their repertoire. However, if you find that the group's response to a new activity is still lukewarm after a few attempts, we suggest you drop it!

Sometimes, after carefully planning activities and presenting them to the group, you will find that some seem to fall flat on their face. You'll wonder what you did wrong -- were the activities too complicated, too easy, or wrong for the children's developmental level or handicapping condition? If, after examining the activities, you can't determine why they didn't work, there are several things you should remember. A father's unfamiliarity with an activity can make him appear uncomfortable. As with any learned recreational skill -- skiing, tennis, swimming, or dancing -- newcomers are apt to appear uncomfortable. As fathers become more proficient at the activites and songs you use, they will relax and enjoy them more.

Also, if the fathers aren't as enthusiastic about the activities as you had hoped, remember that one of the purposes of the activities is to give the fathers a chance to learn and practice new things to do with their children. As long as fathers are given an opportunity to try out some new and appropriate activites with their children, you are accomplishing your goal. While you won't be able to teach each father to be proficient in every activity that you present, you will be able to give your group of fathers some new ideas that they take home, adapt, or even put aside to use again at some later date.

Sample Activities

On the following pages are suggested examples of sensory, motor, and art activities that have been used successfully with fathers. Included are activities that can be used with young infants as well as activities that can be used with older toddlers. Modifications are suggested for children with visual, auditory, and motor handicaps.

While these activities and songs have been used successfully, they are only suggestions, and the collection presented is by no means exhaustive. Start with these activities if you like, or use your own ideas. If you have older children in your program, you will need to design activities appropriate for their age and developmental level. In any case, you will soon find that you have ideas of your own that you'd like to try.

You'll notice that the songs and activities that follow are printed one to a page. The reason for this is so you may photocopy the page for the fathers to take home. This will help insure that the song or activity is repeated where it really counts--in the child's home. At the end of the section are some sample "menus" of songs and activities. Like most sample menus, you probably won't follow these exactly. Use them as inspiration to design your own menus.

Many of these activities have been drawn from activity books for young children, and from infant and preschool curricula. In the references to this guide, we have included the titles of some excellent resources that you might want to consult to develop menus of your own. In Table 2 we have provided a guide to selecting activities that are appropriate for children of different ages.

Table 2

Guide to Selecting Activities That Match Children's Ages

Children's Ages	Activity Numbers
0-3 months	1.1, 1.2, 1.3, 2.1
3-6 months	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 2.1, 2.2, 2.3, 3.1
6-12 months	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 3.4
12-18 months	1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.2, 2.3, 2.4, 2.5, 2.6, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6
18-24 months	1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 2.2, 2.3, 2.4, 2.5, 2.6, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8
24-36 months	1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 2.2, 2.3, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8

SECTION I SENSORY ACTIVITIES

1.1 BLANKET TOSS

Purpose: To exercise large muscles and experience movement in space.

Ages: From birth to 12 months.

Materials: Strong blanket and soft recorded music. Strauss waltzes are great if you want something more lively.

Directions

1) Lay infant on the blanket. With father at the child's feet and another adult at child's head, gently lift the four corners of the blanket.
2) Gently rock the child to the rhythm of soft music. You can sing lullabies to her if you like.
3) Older children can be swung more vigorously, but take care not to swing the blanket into other children, furniture, or the floor.

Hints for Home

Find an old blanket at home and occasionally bring it out and have a swinging session!

Modifications

Visually impaired: This can be an excellent sensory experience for visually impaired children. Start by swinging slowly and adjust your pace/vigorousness to the reactions of the child.

Hearing impaired: None.

Motorically impaired: Check with child's physical therapist before swinging child. If permission is given, only swing child slowly and gently.

1.2 NOODLES & BEANS

Purpose: To pour, scoop, dump, sift, pile, sit on, be covered by, and explore the unique textures of dried noodles and beans.

Ages: Birth to 4 years.

Materials: Big containers such as dishpans, plastic tubs, or water tables filled with sturdy uncooked noodles and dried beans, lentils, or peas, or other material that is tactually interesting, such as crushed cork, styrofoam beads, or uncooked oatmeal.

Directions

1) Situate each child next to a container filled with noodles and beans. Young infants may need to be supported so they can feel and see the noodles and beans. Some children may enjoy sitting in the container and burying their feet and legs in the dried beans and noodles.
2) Encourage toddlers and older children to scoop and pour beans and noodles by demonstrating with plastic scoops, shovels, sandbuckets, kitchen containers, etc.

Caution: Do not allow young children to play in noodles and beans unsupervised. Watch children closely to prevent them from putting materials in their mouths, noses, or ears. If children persist in eating materials, consider using oatmeal.

Hints for Home

Collect packing material like styrofoam peanuts. Pour the material into a large container and let the child explore it. Or use any container such as a small box or dishpan and fill it with blocks. Dried beans and noodles can be kept in plastic containers and can be used again and again.

Modifications

Visually impaired: None.
Hearing impaired: None.
Motorically impaired: None.

1.3 OBSTACLE COURSE

Purpose: To experience a variety of different textures or substances and learn their names.

Ages: Birth and up.

Materials: For a dry activity, use various sensory rich materials such as fur, carpet tiles of different textures, mirrors, seashells (to listen to), dried beans, sandpaper, aluminum foil, a box of sand, etc. For a "wet but fun" activity, consider adding the following in a large bowl or dishpan: unsweetened gelatin, cooked spaghetti (add vegetable oil after cooking to keep it from sticking), whipping cream, "goop"*, cornstarch and water mixture, or colored ice cubes. You'll need plenty of towels for this activity!

Directions

1) For infants: set up stations around the room that contain the textured materials. Arrange the stations in a circle or in a row, and try placing a toy in each area to entice the child to move from area to area by himself.

2) For older children, place stations in a line with a towel at each station. Have children progress through stations by walking one at a time with dad's help. Use words like "squishy," "wet," "dry," "cold" to give names to the sensations they feel.

Hints for Home:

There are enough different textures in almost any house that a unique course could quickly be set up by dad.

Modifications

Visually impaired:	None.
Hearing impaired:	For older children, begin to use signs to describe new experiences.
Motorically impaired:	None.

*To make "Goop," a gelatinous substance, excellent for supervised play, combine:

	1 cup of cornstarch
with	1 cup of cold water
Add	4 cups of boiling water
Stir in	1/3 cup of Ivory flakes (not liquid detergent)

The soap flakes make "Goop" easier to clean up. Add food coloring if desired. Store in refrigerator.

1.4 PUPPET PLAY

Purpose: To help older children learn about body parts, animals, and to increase language skills. To help infants practice visual and auditory tracking of objects.

Ages: 3 months and older.

Materials: Hand puppets.

Directions

1) For infants: Using puppets, adults can gently play with infants and encourage them to "look" or "listen" for the animal. When the child focuses on the puppet, move it around to encourage tracking--the child's following the puppet with her eyes.
2) Help older children increase their language skills by asking them to imitate what the puppet does, e.g., "point to," "wave bye-bye," and "kiss daddy."
3) Older children can imitate words used by puppet while you read them a story with the help of the puppet.
4) Let older child use puppet to "pretend" many situations. The puppet can tell a story, talk to other children, or read a book.

Hints for Home

Take an old white sock and make a puppet out of it by drawing some eyes on it with a felt pen. Put the sock over your hand. Fashion a simple mouth by placing a rubber band over the sock and around the back of the hand and between the thumb and the fingers. Kids love to have you talk to them through the puppet.

Modifications

Visually impaired: Allow child to become familiar with puppet by handling.

Hearing impaired: Some signing may be needed to supplement directions given by puppet.

Motorically impaired: Slow down the pace of actions if needed.

1.5 SHADOW PLAY

Purpose: To visually attend to shadows on the wall.

Ages: 3 months and older.

Materials: Dark room, blank wall, bright light, dolls, balls, plastic animals and other toys and objects that cast a recognizable or visually interesting shadow.

Directions

1) Train a bright light on a bare wall in a darkened room.
2) Holding your infant in your left arm, stand facing the wall so the light is behind your right arm.
3) Make shadows on the wall with the assorted objects.
4) Move the objects and make sounds to accompany the shadows.
5) As an alternative, place the child in a supportive chair so you can use both hands to make shadows.
6) Toddlers and older children will enjoy making their own shadows.

Hints for Home:

This is an activity that is easily done at home.

Modifications

Visually impaired: May not be appropriate.

Hearing impaired: None.

Motorically impaired: None.

1.6 PEEK-A-BOO

Purpose: To encourage visual tracking and the development of object permanence and socialization.

Ages: 3 months and older.

Materials: Scarf, blanket, or just your hands.

Directions

1) Put a scarf over your head. When the baby is looking at you, pull it off, saying "boo!"
2) The game can be changed in several ways: a) put the scarf on the baby's head and have her pull it off; b) use just your hands to hide your face, and when you remove them say "boo!"; c) watch to see if the baby begins saying boo and imitating you. At this point let the baby lead the activity and you be the imitator.
3) When children walk independently, peek-a-boo can become a hide-and-seek game for you and your child.

Hints for Home

Peek-a-boo is a great game that can be easily played almost anywhere. Diaper changing and dressing are examples of activities that peek-a-boo can make more fun.

Modifications

Visually impaired: For older children, let them pull the scarf from your head before saying boo.

Hearing impaired: Along with saying peek-a-boo, gently blow on the child's face. Use your face to show a wide-eyed amazement.

Motorically impaired: None.

1.7 BUBBLE BLOWING

Purpose: To show infants how to watch and reach for bubbles, and to help toddlers blow and chase bubbles.

Ages: 3 months and older.

Materials: Bubble liquid and wands.

Directions

1. For babies, blow bubbles. The baby can watch them float and may try to reach for them.
2. Toddlers will often enthusiastically chase the bubbles, trying to pop as many as possible. Letting the children attempt to blow bubbles is also lots of fun. Try using the giant wands which make huge bubbles that are even easier for children to see, chase, and pop.

Hints for Home

Bubbles are an inexpensive toy that children of all ages -- as well as adults -- enjoy. Take some bubble liquid and wands to the next family outing! Big bubbles are fun to send out over a lake or pool where they bounce on the surface. Sometimes the family dog or cat will want to chase them too, and children will enjoy watching the animal try to snap the bubbles up in its mouth.

Modifications

Visually Impaired: May not be appropriate.

Hearing Impaired: None.

Motorically Impaired: Blow bubbles close to the child so it is not difficult for the child to reach for and chase the bubble. To encourage locomotion and movement, blow bubbles further away from the child. Be careful not to send the bubbles directly into the child's face.

1.8 WATER PLAY

Purpose: To explore the sensory and physical properties of water, the relationship between container size and volume; and to develop pouring, splashing, and measuring skills.

Ages: 12 months and older.

Materials: Tubs, basins, water table, or small plastic pool filled with warm water and plenty of towels. Optional: Mild liquid dishwashing soap, food coloring, variety of plastic pitchers, containers, water toys, egg beaters (to whip the bubbles), dolls that toddlers can "bathe" with clean sponges.

Directions:

1) For infants: Either support child over the edge of tub or place child directly in tub, add bubbles, and let child splash. Here are some things you can do to help your infant play in the bubbles: guide his hands through the bubbles; clap his hands in the bubbles so it makes a nice sound and the bubbles splatter; put

bubbles on infant's hand to encourage him to look at hands; put bubbles on tummy and other body parts to encourage child to touch where he can "feel" the bubbles; put some bubbles on your own hand and move it back and forth so your infant can "track" it visually. This activity is usually interesting enough without food coloring, but you may want to add some for variety.

2) Older children can use larger containers like a plastic pool or a water table. Bubbles, egg beaters, dolls, plastic pitchers, containers, water toys, and food coloring can be added for variety. Help your child pour water from one container to another to practice the skill, learn the word "pour," and develop the concept of volume. Washing dolls can be an excellent activity for the child to practice using words for body parts.

3) For older children, cooperative play and language can be encouraged by limiting the equipment available. Children must then share the materials and ask each other for particular objects.

Hints for Home

Do this at bath time with containers from around the house.

Modifications

Visually impaired: None.

Hearing impaired: Try introducing some signs for the words "water," "pour," and for color words.

Motorically impaired: None.

1.9 SAND CASTING

Purpose: To explore the texture of sand, and different ways to use it. Also to practice scooping and using shovels and similar utensils.

Ages: 18 months and older.

Materials: Tubs full of sand; cotton or plastic sheets; small buckets, shovels or spoons, cups, and any other containers that can be used to form the sand into shapes; clean plastic spray bottles filled with water.

Directions

1) Place the sheets on the floor. Put a tub of slightly damp sand in the middle of the sheet. Depending on the size of the tub, one or two kids and their dads can play with the sand in each tub.
2) Start by just feeling the sand and having the children do the same.
3) Fill the containers, turn them over, take off the container, and create sand castles. Keep your creations simple: children enjoy knocking them down!

Children at this age have not developed a sophisticated sense of construction, and they appreciate the simple shapes made in the sand as much as or more than more complex constructions.

Hints for Home

Use the same set-up as in class or, if a sand box is available, transfer the activity to the box.

Modifications

Visually impaired:	Proceed slowly if the child is wary of new experiences.
Hearing impaired:	None.
Motorically impaired:	Make sure child is supported so that she can explore the materials.

SECTION II MOTOR ACTIVITIES

2.1 VARIETY SHOW FOR BABY

Purpose: To promote development of visual, reaching, and grasping skills.

Age: Birth to 6 months.

Materials: Use wide variety of objects from the baby's environment, including rattles, cooking utensils, empty cans, and old greeting cards. Use any objects that are interesting to see, hear, or touch.

Directions

1) The very young infants will be more interested in visually tracking the objects. Take an object and slowly move it in front of the baby's face. Experiment to see which objects are most interesting for your baby. See if your baby can discriminate where sounds come from by using rattles or other objects that make different but not startling sounds. Watch to see if you can make your child follow the object with her eyes.

2) As infants grow, they are able to grasp objects and explore them with their mouths. Be careful not to use objects the children can swallow. Continue to offer the child a variety of things to play with to develop concepts of size, color, shape, and weight.

3) Older infants, being more capable, are interested in the sounds, sights, taste, and touch of the objects around them. Challenge them with readily available objects that are new to them and also safe to explore. Give the object to the child, let him explore it, talk about it, and play little games like "yours and then mine." This gives ever increasing amounts of information to the baby about his world.

Hints for Home

This exercise can be either a very short or an extended activity. Use the time right after meals to play for a few minutes with your baby. Introduce common objects, let the child touch them, and talk about what they are for.

Modifications

Visually impaired: Use objects that produce sounds to encourage the child to pay attention to an object and to encourage reaching and grasping.

Hearing impaired: Use objects that produce sounds in the range the child can hear.

Motorically impaired: If the child has fine or gross motor problems, use objects that have a shape and size the child can easily explore.

From: Children and Adults - Activities for Growing Together - Joseph & Laurie Braga.

2.2 BALLOON PLAY

Purpose: To increase eye-hand coordination; to develop cooperative play skills; to use large muscles; and to learn cause and effect relationships.

Ages: 3 months and older.

Materials: Balloons for each child and string.

Directions

1) For infants: Dangle the balloon over a young infant and move it slowly in an arc from side to side so she can follow the balloon with her eyes. Gradually increase the size of the arc to encourage the child to look further to each side. Some infants will reach for the balloon and enjoy batting it with their hands or feet.
2) For older children: Play a game of "Don't let it touch the floor." Try to keep the balloon in the air by hitting the balloon. In a group, let everyone in on the "action" by using several balloons.

Caution:

An exploding balloon may frighten a child. Try to avoid this by selecting good quality balloons and removing objects with sharp edges from the area in which you are playing.

Hints for Home

Same game can be played at home. "Don't let it touch the floor" is a game that the child's older brothers and sisters can enjoy as well.

Modifications

Visually impaired:	Loosely tie a regular or a helium-filled balloon to the wrist of the child so it won't escape. This will allow the child to explore its shape and properties.
Hearing impaired:	None.
Motorically impaired:	Same as for visually impaired.

2.3 GYMNASTICS

Purpose: To exercise large muscles.

Ages: 3 months and older.

Materials: Blankets or sheets, foam rolls, mini-trampoline and padded wedge, foam tumbling pads, bolsters, therapy balls.

Directions

1) For infants: Manipulate your infant by gently rolling her from side to side, or rolling her over, from back to stomach. Let the child grasp your thumbs and allow your child to pull herself up as much as possible into a sitting position. Try placing her on her back on a mini-trampoline and gently move the surface up and down. Place the baby on the foam roll or on a therapy ball so the child straddles it with his legs when in a sitting position, or so the child's chest is resting on the roll. Gently rock her from side to side.
2) Older children will be able to initiate more sophisticated motions such as rolling by themselves

either on mats or down a padded wedge. They will also enjoy being rocked back and forth on a therapy ball. If you are sure that the child's physician or therapist will approve, a child may gently bounce on a trampoline, provided that the child holds your hand.

Caution:

Do not attempt any of these activities if there is the slightest doubt about the child's safety! When in doubt about a child's ability to participate in these activities, contact the child's physical therapist.

Hints for Home

Substitute objects around the house to offer a variety of experiences. Use pillows instead of foam roll, or a water bed for a gentle, rolling motion, and an old but strong blanket for swinging.

Modifications

Visually impaired: Be sure to tell the child what you are going to do to her before you begin.

Hearing impaired: None.

Motorically impaired: Obtain permission of child's physical therapist before involving her in this activity.

2.4 MIRROR PLAY

Purpose: To learn to recognize self and identify body parts.

Ages: 6 to 24 months.

Materials: Mirrors (non-glass recommended), hats, combs, strings of beads, finger paint, and wet cloths for cleanup.

Directions

1) Place your infant in front of a mirror. Attract your infant's attention to the mirror by combing her hair, putting hats on, putting beads on infant's head or arm, playing pattycake, or using other arm and hand motions. Grasp or touch child's body parts and say the name of the body part.
2) For older children: Same as above, plus you can put paint on their noses or cheeks to draw attention to parts of their face. Say the name of the part you have painted and ask the child to point to that part of her face.

Hints for Home

Try making dressing more fun by placing your infant in front of a mirror and talking and playing while you are putting her clothes on.

Modifications

Visually impaired:	Not appropriate.
Hearing impaired:	Use signs for the parts of the face you paint.
Motorically impaired:	None.

2.5 YOU DO WHAT I DO

Purpose: To imitate movements and sounds.

Ages: 12 months and older.

Materials: None.

Directions

Play copy cat with your baby. Begin by trying movements and sounds she knows. Start out by imitating whatever she's doing. Then see if she can copy you. Use a movement or sound she knows, then encourage her to copy a new and unfamiliar movement or sound. Ideas:

1) Make funny faces - will she copy you or just laugh?
2) Say ba-ba-ba or boo-boo-boo. Can she say them too?
3) Try playing pat-a-cake. If she can't play, she may be able to hold up her hands so you can pat them.
4) Take a cup and give her one too. Pretend you are drinking from it, and make sounds of satisfaction. See if she will imitate you.
5) Make different kinds of sounds. Make a kissing sound; make different animal sounds, like a cow, duck, or dog.

6) Babies enjoy these copy cat activities. Most babies soon understand how the game works. If your child doesn't want to copy you, don't force her to do the activities. Give her more opportunities to see or do the actions, and over time, she will learn them.

Hints for Home

Same as above.

Modifications

Visually impaired: Use movements the child can see or feel or use sounds when you want the child to copy you.

Hearing impaired: Let the child feel your lips or throat as you make the sounds you want the child to copy.

Motorically impaired: If physical impairments make it difficult for the child to copy novel sounds and movements, start with movements and sounds the child knows, and then vary them slightly.

From: Children and Adults - Braga and Braga.

2.6 PLAY DOUGH

Purpose: To develop fine motor skills and to imitate the actions of an adult.

Ages: 1 year and older.

Materials: Play dough, cookie cutters, rolling pins.

Directions

1) Knead play dough to make it pliable for young children. Model "pounding," "rolling," "poking," "squeezing," and "squishing."
2) Older kids like to make snakes, to roll out the dough with rolling pins, and to make cookie patterns with cookie cutters. Pretend to be a baker by using cookie sheets and a child's play oven.

Hints for Home

How to make your own playdough

Make playdough for these activities with the following recipe from Rainy Day Activities for Preschoolers, published by Mercer Island (Wa.) Preschool Association:

1 cup flour

1 tablespoon vegetable oil

1 cup water

1/2 cup salt

2 teaspoons cream of tartar

food coloring

Mix all ingredients, heat, and stir constantly until you can form dough into a ball . Knead. Store in covered container or plastic bag.

Modifications

Visually impaired: None.
Hearing impaired: None.
Motorically impaired: None.

2.7 PARACHUTE!

Purpose: To use large muscles, participate in a cooperative and exciting activity, and develop eye-hand coordination.

Ages: 2 years and older.

Materials: 1 "parachute" or large sheet of material (e.g., sheet, thin blanket, or surplus parachute), and a small ball or stuffed toy.

Directions

1) Spread out the parachute out so adults can hold the outside edges and extend the parachute over the children. Lift the edges up and down to make the fabric billow up while the children are under the fabric.
2) Older children can help adults hold the outside edge. Tell the children first to "shake the parachute," then "shake it slowly," and then "shake it fast!"

3) You can also play a game with the parachute. While children and adults are shaking the parachute, throw a ball or stuffed toy onto the fabric. Bounce the ball up in the air and try to keep it from going over the side.

Hints for Home

Use an old bed sheet and do the same.

Modifications

Visually impaired: Give the child an opportunity to "feel" the breeze caused by the flapping parachute. Be sure to describe the activity to the child. Show the child how to extend his arms up above his head so he can feel when the parachute is lowered.

Hearing impaired: None.

Motorically impaired: May need help holding on to the edge of the parachute.

2.8 MARBLE PAINTING

Purpose: To develop fine motor skills and produce a pleasing art product.

Ages: 2 years and older.

Materials: Shallow pan with 1" high sides (cake pans work well). Marbles, paper cut to fit the pan, and tempera paint.

Directions

1) Put the cut paper in the pan, pour about one tablespoon of paint in center of paper, and place two marbles in each pan. Help the child tip the pan at different angles to keep marbles moving in and out of the paint, leaving paint "trails." The paint should not be too thick or it will be too hard to make the marble roll through the paint. The paint should not be too thin or it will soak the paper and the paper will fall apart when picked up. When painting "looks" complete, first remove the marbles and then the paper. Let the painting dry to avoid smearing the paint.

2) Let older children help mix the paint, pour it in the pan, and add the marbles.

Hints for Home

Same as above.

Modifications

Visually impaired: May not be appropriate, although they may enjoy the sound that marbles make rolling in the pan.

Hearing impaired: None.

Motorically impaired: Child may need help rotating pan to produce patterns.

2.9 BALL GAMES

Purpose: To use gross motor skills and learn cooperative play skills.

Ages: 2 years and older.

Materials: Different sized balls, from a tennis ball to soccer ball, and a big tub or basket.

Directions

1) Form a circle with dads sitting on the outside and children on the inside. The children roll the balls to each other with help from dad when necessary. Use lots of balls to give each child an opportunity to be involved.
2) As a variation on this activity, have dads and children stand and kick the ball instead of rolling it.
3) Invent other fun kick ball games. Children enjoy a silly game where fathers "fall" when hit by a ball the child kicks.

Hints for Home

Same as above. The child's brothers and sisters will also enjoy playing this game.

Modifications

Visually impaired: No modifications are necessary for rolling activities. If a child has trouble with a tennis ball, try using a larger ball. Or try using a ball with a bell inside it so the child can localize it.

Hearing impaired: None.

Motorically impaired: Be sure the child is supported. Use a larger ball if the child has difficulty with a small one.

2.10 NAIL BOARD

Purpose: To develop fine motor muscles, eye-hand coordination, and produce an art product.

Ages: 2 years and older.

Materials: Softwood, cardboard or styrofoam blocks, small hammers, and large headed nails, such as roofing nails.

Directions

1) Dads start pounding the nails in the board and then give the hammer to their children. The fathers may have to show the child how to hit the nails several times before the child will know what to do. Fathers can try to hold their child's hands and go through the motions of hammering, but the children will probably learn best with practice. Give the children many opportunities to do this to improve their proficiency.
2) If you wish, vary this activity by placing the nails to form a design. Children, however, usually don't need a pattern or a purpose to pound on nails. Hammering is reinforcing all by itself!

Hints for Home

This is easy to do, either in a work shop, on the front step, or on the patio. The more often the children try this, the better they get. Older brothers and sisters can join in and help supervise.

Modifications

Visually impaired:	Pushing large nails into styrofoam can be fun and different. Cut the styrofoam into the shape of a porcupine and add the nails that make the porcupine's quills.
Hearing impaired:	None.
Motorically impaired:	May not be appropriate. Try using a mallet with a large head if the child cannot use the hammer with accuracy.

SECTION III ART ACTIVITIES

3.1 TASTY PAINTINGS

Purpose: To allow the child to experience the sensations of a new substance and create unique designs.

Ages: 3 months and older.

Materials: Prepared instant pudding at room temperature (may be colored with food dye, if desired), a clean formica table or counter top, and plenty of wet washcloths and dry towels! (White fingerpaint paper optional.)

Directions

1) Place the child in your lap. Put a small amount of the pudding on the table top and show your child how you can use your fingers to make a design with it. Some children will want to try this too and will immediately start to make their own "designs." If your child is initially reluctant, gently take her hand and guide a finger through the pudding. As the pudding gets spread around, add more pudding. Add some pudding that is a different color. The fun really begins when the children discover that the "paint" tastes good!

2) If you want a permanent art project, place a piece of slick, white fingerpaint paper on a clean surface and proceed as for above. Let your very sticky pudding/paint dry, and the fathers will have a painting suitable for display on their refrigerators!

Hints for Home

Give the child a saucer of pudding when he is sitting in his high chair. Let him make his "painting" directly on his tray, or on a piece of butcher paper, waxed paper, or tin foil.

Modifications

Visually impaired:	None. This activity offers tactile and oral stimulation and is therefore very reinforcing.
Hearing impaired:	None.
Motorically impaired:	Be sure that the child is in a comfortable position so that she has a wide range of movement. This will allow the child to get the most enjoyment from the activity.

3.2 "NO MESS" FINGERPAINTS

Purpose: To engage the child in a sensory activity that helps her develop her sense of color.

Ages: 6 months and older

Materials: Ziplock plastic bags, catsup and mustard (preferably in squirt bottles), or vegetable oil and food coloring.

Directions

1) Take a ziplock bag and place a tablespoon each of catsup and mustard in opposite corners of the bag. Flatten the bag to get most of the air out before you seal it. Allow the child to poke and squeeze the bag to mix the colored condiments. Guide child's hands if necessary, showing the child how to press on the bag to spread the colors.
2) For a variation of #1, put a few drops of food coloring in a teaspoon of vegetable oil. Put a few drops of another color in another teaspoon of oil. Put the oil in the ziplock bag. Adding a tablespoon of water makes this version of the activity even more interesting!

Caution: When you are working with younger children, be sure that they do not put the bags in their mouths.

Hints for Home

Try this activity when time is short or you want to avoid a big clean-up. It's quick, easy, and clean.

Modifications

Visually impaired: May not be appropriate.
Hearing impaired: None.
Motorically impaired: None.

From: *Rainy Day Activities for Preschoolers*

3.3 SPACKLE PRINTS

Purpose: To allow the child to feel the unusual texture of the spackle mixture and make a lasting impression of the child's hand.

Ages: 6 months and older.

Materials: spackling powder, one cottage cheese container lid per child, and tempera paint (optional).

Directions

Just as Hollywood stars have immortalized themselves by putting their handprints, pawprints, and signatures in concrete, your child can "make a good impression" on a cottage cheese container lid filled with spackle!

1) Mix spackle with water until it reaches the consistency of loose whipped cream. Be sure the mixture is free of lumps.
2) Pour spackle mixture into the container lids and let the children make a handprint in the mixture. Younger children will need some help with this.

Notes:
- Older children will be very interested in participating in the entire process--mixing, pouring, and printing.
- spackle is better than plaster of Paris for this activity. It dries more slowly, thus allowing the child time to change his design.

Hints for Home

Once the prints are dry, you and your child may paint them with tempera paint, and put them in a place of honor (at least for a little while).

Modifications

Visually impaired	Be sure to let the child feel the print after it hardens. Guide the child's hand so that it fits into the impression.
Hearing impaired:	None.
Motorically impaired:	None.

3.4 WHIPPING OR SHAVING CREAM FINGERPLAY

Purpose: To use the sense of touch to explore a unique texture. Fine motor skills are helped by making finger painting designs.

Ages: 6 months and up.

Materials: Whipping or shaving cream, food coloring, plastic cover for table surface (such as an old shower curtain or plastic table cloth), and plenty of washcloths and towels.

Directions

1) Cover the top of a small table with a plastic surface. Tie a towel around the children or have them wear a plastic bib and make sure their arms are free to play in the cream.
2) Spray the cream onto the plastic covered table top (older children may want to help do this!) For young children or children likely to put their hands in their mouths, use whipping cream. Older children can use shaving cream if desired. Demonstrate how to make

designs in the cream with your fingers. Encourage and guide the child in making designs if necessary. Vary the activity by putting a drop of food coloring in the cream.

Modifications

Visually impaired: Guide the child's hand so she can feel the designs in the cream.

Hearing impaired: None.

Motorically impaired: Be sure the child is seated so that both hands are free to move.

3.5 SCRIBBLE ART

Purpose: To practice fine motor skills, develop hand-eye coordination, and communication skills.

Ages: 12 months and older.

Materials: Paper, unscented felt tip pens.

Directions

1) Place the paper on a table and give the felt tip pen to the child. Encourage the child by scribbling on the paper. If necessary, guide the child's hand to make marks on the paper. Use a variety of colors to make it more interesting.
2) Drawing with an older child can provide an opportunity to introduce the concepts of directions and shapes. You and your child can take turns copying the lines that the other draws. You can use this activity to practice simple directions such as "Draw a line down the paper." As the child's abilities improve, you can practice drawing horizontal lines, circles, squares, and crosses. In any event, keep the figure and

directions simple and the activity fun. This activity will not only help build children's skills, it can also result in a work of art for the front of the refrigerator!

Note: Unscented felt tip pens are best for drawing and scribbling; children are not so distracted by the different flavors of the pens.

Modifications:

Visually impaired:	Use a squeeze container (e.g., plastic catsup bottle) and fill with thickened tempera paint (to thicken paint, either use less water or thicken with Ivory Snow). This will allow the child to feel the marks he made with his drawing instrument. Or use white glue and sprinkle sawdust on the glue--it will harden quickly.
Hearing impaired:	None.
Motorically impaired:	None.

3.6 HAND PAINTING

Purpose: To have children experience the tactile qualities of paint, such as its texture, temperature, as well as its visual effects. It also encourages eye-hand coordination.

Ages: 12 months to 3 years.

Materials: Shallow pans, tempera paint or finger paint (see recipe below) large pieces of paper, sink, water, plus lots of towels.

Directions

1) Be prepared: This can be a messy activity. Either roll up the infant's sleeves and cover their clothes with a towel, or take off all the child's clothes except diapers.
2) Begin the activity by making small finger prints on the paper with tempera paint, and encourage your baby to do the same; she may need you to guide her hand. Each child will respond individually to this activity; some children will be delighted to make a big mess and some will be reluctant.

3) As your child learns to walk, you can have her step in the paint pan and walk across a large sheet of butcher paper placed on the floor. This foot print exercise needs to be supervised carefully to avoid slips, falls, and footprints on the floor!

Hints for Home

You can either make or buy a thickened, colored soap in a squeeze bottle to give the children at bath time to decorate the tub. The children have fun and the tub gets cleaned! To make colored soap, mix tempera paint with Ivory Flakes until it makes a colored mush.

Modifications

Visually impaired:	May not be appropriate.
Hearing impaired:	None.
Motorically impaired:	May require more manual guidance and supervision for this activity.

Use this easy Finger Paint recipe (from Rainy Day Activities for Preschoolers ed. by D. Ledbetter, Mercer Island Wa. Preschool Assn., P.T.A. Affiliate, P.O. Box 464, Mercer Island, WA, 98040) to make a batch of soap-based finger paint

2 cups warm water

1 cup Ivory flakes

Food coloring

Whip the water and soap flakes together with a whisk or egg beater until smooth. Divide into several portions and add food coloring.

3.7 STRAW ART

Purpose: To refine blowing skills

Ages: 18 months and up

Materials: Plastic straws, tempera paint, paper.

Directions

1) Mix several different colors of tempera paint with water in cups. Mix until you have a thin, watery paint.
2) You will be able to show older children how to suck a little paint into the end of the straw. Pinch the child's straw until the child has it held over a piece of paper.
3) Younger children and those with difficulty controlling the amount of paint they can suck will need their fathers to "load" their straws for them.
4) Once the straw is held over the paper, the children can blow through the straw to create interesting patterns on the paper.

5) Vary this activity by helping the child to fold the paper in half. After the child blows some paint on one half of the paper, fold the paper. Let the child open the paper to see the Rorschach-like ink blot pictures that result. Talk about what the ink blot pictures look like--clouds, animals, mountains.

Hints for Home

At the beginning of a child's bath, give him a straw and let him blow bubbles in the bath water.

Modifications

Visually impaired: May not be appropriate.

Hearing impaired: None.

Motorically impaired: A child who has difficulty blowing or sucking may use a paint brush instead of a straw.

3.8 PUNCH 'N' PASTE

Purpose: To use fine motor skills and hand-eye coordination to create an original work of art.

Ages: 18 months and older.

Materials: Colored paper, paper punch, cups, white glue.

Directions

1) Punch colored paper and collect dots into cups. This can be done ahead of the time they are needed. Collect about one cup of dots for every two children.
2) Give child a sheet of paper and help her to squeeze the glue all over the paper.
3) Show your child how to sprinkle the dots on the glue.
4) Once the glue is covered with dots, pick up the paper and shake off the excess dots.
5) When glue is dry, you have created a modern masterpiece of punch 'n' paste art!

Hints for Home

You can vary this activity by making specific designs with the glue. You may try helping your child squeeze the glue onto the paper in the shape of squares, circles, triangles, or even cars, people, trees, etc. before sprinkling the dots. This can help a child learn about different basic shapes.

Modifications

Visually impaired:	Instead of colored paper dots, sprinkle popcorn, styrofoam beads, sawdust, or other textured objects on the glue.
Hearing impaired:	None.
Motorically impaired:	May need assistance for squeezing glue.

SECTION IV GREETING SONGS

The More We Get Together	To the tune:
The more we get together together, together.	(When Molly was a Baby, A Baby was She)
The more we get together	
The happier we'll be.	(Trace smile on face with finger.)
For my friends are your friends	(Point to self, point to child.)
And your friends are my friends.	
The more we get together	
The happier we'll be	(Trace smile on face with finger.)

Adaptations:

1) Infants can be gently rocked to the rhythm of the song.

Greeting Song	(Make up your own melody.)
Hello, Hello	(Wave hand.)
Hello, Hello	
Hello and how are you?	(Point to child.)
I'm fine	(Point to self.)
I'm fine	
And I hope that you are too.	(Point to self and then child.)

Adaptations:

1) Older infants can be shaped through the motions.

Come on Everybody	(Make up your own melody.)
Come on everybody, come with me.	(Sitting in a circle, clap hands in rhythm to the song)
Come on everybody, come with me.	
Come on everybody, come with me.	
Let's say "hello' to (child's name).	(Everyone point to child named. Named child gets tossed in the air. Repeat for each child.)

Adaptations:

1) Lift and wave arms of children who should not be tossed.

Where Oh Where Is Dear Little (name of child)? (To the tune: One Little, Two Little, Three Little Indians)

Where oh where is dear little__________? (Use child's name.)
Where oh where is dear little__________? (Look around quizzically.)
Where oh where is dear little__________?
Who knows where he/she is?
--There he/she is! (Point to child.)

Adaptations:

1. Put a scarf over baby's face and pull it off at the end of the song.
2. Older children can hide under a scarf and pull it off themselves. Some children like to make everyone "wait," building the suspense before they appear.

SECTION V COUNTING SONGS

Two Little Blackbirds

(This is a simple chant)

Two little blackbirds Sitting on a hill	(Use index fingers from each hand to represent birds.)
One named Jack	(Emphasize one index finger.)
One named Jill	(Emphasis other index finger.)
Fly away Jack, fly away Jill	(Wag one finger and have it disappear behind you - do the same with the other.)
Come back Jack, come back Jill	(Bring back one finger quickly, then the other.)

Adaptations:

1) Infants can be assisted with the motions by the dads.

Two Little Monkeys Jumping

(This is a simple chant)

Two little monkeys jumping on the bed	(Make a "V" with fingers representing two. Jumping is represented by fingers "dancing" on palm of other hand.)

One fell off and bumped his head	(Emphasize "one" with index finger--pretend to hold bumped head.)
Daddy called the doctor and the doctor said	("Daddy" dials the phone and talks to the doctor.)
"That's what you get for jumping on the bed."	(Wag finger at child.)
One little monkey's jumping on the bed	("One" finger jumps on palm of other hand.)
He fell off and bumped his head	(All the rest is the same as first verse.)
Daddy called the doctor and the doctor said	
"That's what you get for jumping on the bed."	

Adaptations:

1) Infants can be bounced on dads' knees, fall into dads' arms, and then be "scolded," in a tickling, gentle fashion.

Two Little Speckled Frogs!

Two little speckled frogs	(Use two fingers in "V.")
Sat on a speckled log	(Sit fingers on open palm of other hand.)
Eating a most delicious bug	(Fingers to mouth.)
Yum! Yum!	(Rub tummy.)
One jumped into the pool	(Emphasize one with index finger.) (Dive!)
Where it was nice and cool	(Rub upper arms.)
Then there was only one speckled frog.	(Emphasize one with fingers.)
(Repeat for one)	

SECTION VI FINE MOTOR SONGS

Do Your Ears Hang Low?

Do your ears hang low	(Hold hands and arms together.)
Do they wobble to and fro	(Move arms back and forth.)
Can you tie them in a knot	(Tie imaginary knot.)
Can you tie them in a bow	(Trace outline of bow with index fingers.)
Can you throw them over your shoulder	(Throw "ears" over shoulder.)
Like a continental soldier,	(Salute.)
Do your ears hang low?!	

Adaptations:

1) Rock babies to and fro, ease them to your shoulder, and let them rock to and fro.

Hickory Dickory Dock

Hickory dickory dock	(Use two fingers to represent mouse and raised a forearm for the clock.)
The mouse ran up the clock	(Fingers "run" up the clock.)
The clock struck one	(Pop up one finger on clock.)
and down he ran	(Fingers "run" down the clock.)
Hickory dickory dock.	

Adaptations:

1) Dads can run fingers up babies' tummies, emphasize the number "one" with finger and then run fingers down their tummies. Make up additional motions for other verses.

The clock struck two, the mouse said, "Boo."
The clock struck three, the mouse said, "Whee."
The clock struck four, the mouse said, "No more."

Itsy-Bitsy Spider

The itsy-bitsy spider went up the water spout	(Make a spider by touching together the fingers from both hands. Make the fingers meet one at a time to make the spider go up.)
Down came the rain and washed the spider out	(Wiggle fingers and move them down.)
Out came the sun and dried up all the rain	(Open arms up in semi-circle)
And the itsy-bitsy spider went up the spout again.	(Fingers together--going up!)

Adaptations:

1) Dad's hand can be a spider running up the child's tummy. Tickle your hand down the child's tummy to be rain. Spread fingers on child's tummy to be sun, then go up the tummy again with fingers.

Can You Reach Up High?

Can you reach up high?	(Lift child as high as you can.)
Can you swing down low?	(Lower child close to the floor.)
Can you turn in a circle?	(Swing child around while holding under shoulders so legs swing out.)
And go, go, go!	(Throw child up in the air on the last "go"!)

Adaptations:

1) Older children can follow directions of song.

Way Up High

This is a simple chant

Way up high in the apple tree	(One finger held up high.)
One little apple smiled at me.	(Trace smile on your face with finger.)
I shook that tree as hard as I could.	(Grab imaginary trunk with both hands--shake.)
Down came the apple	(Catch the apple.)
Mm'mm it was good!	(Eat "apple," rub tummy.)

Adaptation:

1) Dads hold babies up high in front of them, bringing them down and rocking them, giving lots of kisses.

Wheels of the Bus

The wheels of the bus go round and round, round and round, round and round. The wheels of the bus go round and round, All through the town.	(Hands go around each other over and over.)
The people on the bus go up and down.	(Arms go up and down or stand up and sit down.)
The wipers on the bus go swish, swish, swish.	(Open hands go back and forth like a wiper.)
The daddies on the bus go sh-sh-sn.	(Place finger to lips and make sound of sh-sh-sh.)

Additional verses:

The horn on the bus goes beep, beep, beep

This Little Rabbit Has a Fly Upon His Nose

This little rabbit has a fly upon his nose	(Touch and wiggle baby's nose.)
This little rabbit has a fly upon his nose	
This little rabbit has a fly upon his nose	
And, he flipped it, and he flopped it,	(Take baby's hand and swipe - lightly-at baby's nose.)
And, it flew away.	(Wave hand and fly away.)

Additional verses: Use different body parts (toes, tummy, chin).

Adaptations:

1) Older children can follow and touch body parts, swat at the fly, and wave hand for flying away.

Twinkle, Twinkle, Little Star

Twinkle, twinkle little star,	(Open and close hands.)
How I wonder what you are.	(Put finger on cheek and tilt head to one side as if thinking.)
Up above the world so high	(Reach arms up and look up at hands)
Like a diamond in the sky	(Make a diamond with thumbs together and index fingers together.)
Twinkle, twinkle little star.	(Same.)
How I wonder what you are.	(Same.)

Turtle Song

Make up your own rhythm and melody.

I had a little turtle who lived in a box	(Use hands to make box shape.)
It swam in the water and it climbed on rocks	(Demonstrate swimming and climbing motions.)
It snapped at a mosquito	(Two hands "snap" together.)
It snapped at a flea	(Two hands "snap" together.)
It snapped at a minnow	(Two hands "snap" together.)
And it snapped at me!	(Two hands "snap" together, point to self.)

It caught the mosquito It caught the flea	(With hands cupped together peek inside each time you say caught.) inside each time you say caught.)
It caught the minnow	
But it didn't catch me!	(Wag finger and point to self.)

Adaptations:

1) Dads can lay infants in front of them and go through the motions of the song, using lots of smiles, inflection, and animation.

The Horses Go Galloping	(Make up your own rhythm.)
The horses go galloping far away	(Keep beat by slapping hands on knees.)
Far away, far away	
The horses go galloping far away	
And then they stop! Whoa!	(Raise hands above head and swing forward touching the ground.)

Adaptations:

1) Babies can either watch dads go through the actions and imitate, or dads can shape babies through the actions.

Airplanes (tune of Camptown Races)

Airplanes they fly oh so high,	(Hold babies up high.)
zoom, zoom, zoom, zoom,	
Airplanes they fly oh so low,	(Zoom babies down low.)
zoom, zoom, zoom, zoom,	
Airplanes they fly all around,	(Gently swing child from
zoom, zoom, zoom, zoom	side to side.)
Think I hear one now. Zoom!	(On "zoom" give baby a big
	hug!)

Adaptation:

1) Older children can fly high and low and then duck down low on the last zoom.

Silly Song (Make up your own melody.)

This is the way we clap our hands (Follow directions of song.)
Clap our hands
Clap our hands
This is the way we clap our hands
Clap our hands together.

Additional verses:

This is the way we rub our bellies ...
This is the way we tickle ourselves ...
This is the way we play peek-a-boo...
This is the way we march around ...

Adaptations:

1) Infants can be gently shaped through this song or dads can do the motions letting the child watch them.

Open, Shut Them

Open, shut them, open, shut them	(Open and close hand into a fist.)
Give a little clap, clap, clap	(Clap hands.)
Open, shut them, open, shut them	(Open and close hand into a fist.)
Put them in your lap	(Put hands in lap.)
Creep them, crawl them	(Have fingers crawl up tummy and chest.)
Right up to your chin	(Stop them on chin and wait.)
Open wide your little mouth	(Open mouth wide.)
but...do not let them in!	(Wait briefly at "but" then quickly put hands behind back.)

Adaptations:

1) Infants can either lay or sit in front of dads and children can watch dads perform actions in front of them, or fathers can guide them through the motions.

SECTION VII GROSS MOTOR SONGS

Teddy Bear, Teddy Bear, (This is a simple chant)

Teddy bear, teddy bear turn	(Turn around.)
around	
Teddy bear, teddy bear touch	(Bend and touch ground.)
the ground	
Teddy bear, teddy bear show	(Put one foot forward.)
your shoe	(Put one foot forward.)
Teddy bear, teddy bear ski -	(Run in place.)
doo!	

Adaptations:

1) Dads can pick up infants and go through the motions.

Clap, Clap, Clap (This is a simple chant)

Clap, clap, clap, your hands	(Follow directions of song.)
Clap your hands together	
Clap, clap, clap, your hands	
Clap your hands together	

Stomp your feet, etc.
Nod your head, etc.
Wiggle your fingers, etc.

Adaptations:

1) Dads can carry infants and do the actions.

Ring Around the Rosey

Ring around the rosey	(Hold hands forming circle.)
Pocket full of posey	(Circle moves to either right or left)
Ashes, ashes we all fall down	(Fall down.)
The cows are in the meadow	
eating butter cups	
Aachoo, aachoo, we all stand up!	(Stand up.)

Adaptation:

1) Dads can carry infants and do the actions.

Touch Your Toes (Are You Sleeping)

Touch your toes, touch your toes	(Follow directions to song.)
Turn around, turn around	
Do a little jumping, do a little jumping	
Squat down low, up you go.	

Additional verses:

"Do a little" walking, hopping, skipping,
Twisting, swaying, sitting, swimming, sliding, or bending.

Adaptation:

1) Dads can hold babies and go through the actions with them.

I'm a Little Teapot

I'm a little teapot, short and stout	(Point to self, use hand to show "short" and "stout.")
Here is my handle, here is my spout	(Put one hand on hip, use other arm and hand to form spout)
When I get all steamed up, hear me shout,	(Blow cheeks full of air -- then whistle!)
Tip me over and pour me out.	(Tip "spout" over by moving upper body.)

Row Row Row Your Boat

Row row row your boat	(Sit, facing toddler, holding hands. Rock back and forth while singing.)
Gently down the stream	
Merrily merrily merrily merrily	
Life is but a dream	

Adaptations:

1) Infants can hear dads say this rhyme as dads gently sway the babies back and forth.

Walk and Stop

Oh, well you walk and you walk
and you walk and you stop!
And you walk and you walk and
you walk and you stop!
And you walk and you walk and
you walk and you stop!
And you walk and you walk and
you walk and stop!

(Follow directions to song emphasizing "stop!")

Adaptations:

1) Dads can hold babies and sing the song together emphasizing stop!
2) Use rhythm instruments if you like.

Additional verses:

you dance and you stop
you skip and you stop
you hop and you stop

Hokie Pokie

	Gather fathers and children
You put your feet in.	in a circle.
You put your feet out.	(Put baby's feet inside
	circle.)
	(Put baby's feet outside
You put your feet in.	circle.)
And you shake them all about.	(Put baby's feet inside
	circle.)
Do the hokie pokie and you	(Shake baby's feet.)
turn yourself around.	(Dance as you turn around in
That's what it's all about.	a circle.)
Use different body parts for	(Bounce baby in time to
additional verses.	music.)
	(Arm, head, tummy, whole
	self.)

Jack-in-the-box

Jack-in-the-box, still as	(Lean over child hiding your
mouse,	face.)
Deep down inside his little	(Be very quiet.)
dark house.	
Jack-in-the-box, resting so	(Be very quiet.)
still,	
Will you come out, Yes! I will!	(On "yes", jump up with arms
	held high.)

Adaptations:

1) Same for older and younger children. As they get older more of the actions can be done by the children.

If You're Happy and You Know It

If you're happy and you know it
clap your hands.
If you're happy and you know it
clap your hands.
If you're happy and you know it
And you really want to show it
If you're happy and you know it
clap your hands.

Adaptations

1) Change song by using different actions. Try substituting "wiggle your fingers" or "give a cheer" for "clap your hands."

2) Vary song by changing actions and emotions. Try "if you're mad and you know it stomp your feet" or "if you're sad and you know know it, say boo-hoo."

Let's Go Riding on an Elevator

Let's go riding on an elevator,	(Child should be crouched on knees or lying on stomach.)
Let's go riding on an elevator, First floor, second floor, third floor,	(Raise hands up high designating each floor.)
Fourth floor, fifth floor	(Stand, holding hands above head.)
Down, down, down, down, down,	(Go down to lying on stomach.)

Adaptations:

1) For infants, lay them on their backs to begin. On the first floor help them to a sitting position; second, a standing position; third, waist high; fourth, shoulder level; fifth, over your head. And then back to the ground. This will give dads and babies a good workout! Be sure to use good body mechanics!

Sample Activity Menus

We have put together some examples of activities, dances, and songs that you can present during the Song and Activity portion of the program. Use these menus if you like or adapt them to incorporate your own ideas. These menus follow a general pattern: a greeting song, songs to be sung while seated, a movement song, usually a dance, and then the activity. While this pattern has worked well for us, feel free to use a pattern that works best for you. Of course, there may be days when you will not follow a song-activity format at all if, for instance, you opt to go swimming, have supervised baby gymnastics, go to a lake and feed the ducks, or have an all-family get-together.

Note that, except for the first week, each week's songs represent a mixture of previously presented songs and new songs. Repeating songs help fathers and children incorporate them into their repertoire.

Week 1

Songs

The more we get together

Itsy bitsy spider

The wheels on the bus

Let's go riding on an elevator

Walk and stop

Dance (with rhythm instruments)

Let's Twist Again (Chubby Checker)

Activity

Noodles and Beans

Week 2

Songs

The more we get together

Itsy bitsy spider

Two little monkeys

This little rabbit has a fly upon his nose

Let's go riding on an elevator

If you're happy and you know it

March (with rhythm instruments)

Washington Post March (John Philip Sousa)

Activity

Spackle prints

Week 3

Songs

Hello, hello

Two little monkeys

The wheels on the bus

Way up high

If you're happy and you know it

Ring around the rosey

Dance (with rhythm instruments)

Theme from "Zorba the Greek"

Activity

Parachute

Week 4

Songs

Hello, Hello

Do your ears lay low

Way up high

This little rabbit has a fly on his nose

Horses go galloping

Ring around the rosey

Dance (fathers can waltz with child or gently swing child in blanket)

Strauss Waltzes

Activity

Marble painting

Week 5

Songs

Where oh where

Two little monkeys

Hickory dickory dock

Twinkle twinkle little star

Silly song

Teddy bear, teddy bear

Let's go riding on an elevator

Activity

Water play

Week 6

Songs

Where oh where

Two little blackbirds

Do your ears hang low

Horses go galloping

Silly song

Walk and stop

Dance (with rhythm instruments)

I want to hold your hand (The Beatles)

Activity

Puppet play and shadow play

Week 7

Songs

Come on everybody

Way up high

Wheels on the bus

Clap your hands

Teddy bear, teddy bear

Row, row, row your boat

Hokie pokie

Activity

Variety show (for younger children)

Nailboard (for older children)

Week 8

Songs

If you're happy and you know it

Do your ears hang low

Twinkle twinkle little star

Horses go galloping

Airplanes

Clap your hands

Walk and stop

Dance (with rhythm instruments)

You Ain't Nothin' But a Hound Dog (Elvis Presley)

Activity

Punch and paste (for older children)

Whipped cream play (for younger children)

Week 9

Songs

The more we get together

Two little monkeys

Hickory dickory dock

This little rabbit has a fly upon his nose

Airplanes

Touch your toes

Hokie pokie

Dance (with rhythm instruments)

(C'mon Baby) Do the Locomotion (Little Eva)

Activity

Play dough

Week 10

Songs

Hello, hello

Two little blackbirds

Itsy bitsy spider

Way up high

Horses go galloping

Teddy bear

Ring around the rosey

Dance (with rhythm instruments)

(We all live in a) Yellow Submarine (The Beatles)

Activity

Mirror play

Balloon play

Snacktime

While a break for refreshments may seem like the most trivial part of the Father's Program, it does serve several important purposes. Snacktime is the first totally unstructured portion of the morning. When the fathers and their children take a short break after the Father's Forum and Activities are over, the fathers can get a cup of juice and coffee and cookies, and mingle together. At this time, the men are free to discuss anything they wish. They may talk about their jobs, hobbies, childrens' schools, or families. This casual sharing of information helps to develop social networks. Fathers may discover that they work for the same company, their children go to the same school, or their wives know each other. As a result of these brief encounters, the families may get together (and provide social support) outside of the Father's Program.

For the father who is uncertain of his role in his child's life, snacktime provides a variety of role models he can observe as other fathers freely interact with their children. Another father may be curious about other children who have a disability like his son's or daughter's. This portion of the morning allows the father to observe another child and ask the child's father questions if he wishes.

You may wish to have two different fathers volunteer to bring snacks for each meeting. One father can bring the snack for the children and the other for the fathers. You can ask that the fathers make the snack themselves--some fathers will enjoy the opportunity to perform a non-traditional task with their handicapped child or other children, and they may feel they are contributing something concrete to the program. With other groups whose members are busier, you may want to provide the snacks for them. If your program collects a registration fee, you may use that money to purchase the snacks.

Snacktime should be informal, and you should allow sufficient time for discussion and observation. We find that 15-20 minutes gives the families time to get their snack, find a place to sit, and chat with each other before moving on to the next part of the program. Leaders should make sure that there are enough chairs and tables for the fathers and their children to make themselves comfortable. Also, leaders should take the initiative in starting conversations with new fathers and fathers sitting alone. Asking "veteran" fathers to introduce themselves to new fathers is another helpful way to make new fathers feel at ease.

Chapter 6

The Guest Speaker

A major goal of the Father's Program is to provide fathers with information on child development, services, policies, or other concerns affecting families with handicapped children. This goal is accomplished by the program leaders, who present the fathers with information throughout the year, and by the guest speakers who are invited to talk to the fathers about specific topics of interest. The guest speaker's function is primarily educational. Research comparing the effectiveness of educational and therapeutic approaches with parents of special needs children suggests that a combination of the two may have the most beneficial effects (Tavormina, Hampson & Luscomb, 1976; Sammit, Nash & Meyers, 1980). The guest speaker provides an educational balance to the reflective (therapeutic) approach used during The Father's Forum.

How to Select Guest Speakers and Topics

Guest speakers are selected on the basis of the participants' interests and concerns. It is the leader's responsibility to survey the fathers' needs for guest speakers. This may be done several ways:

- Initially, at the very first meeting, you can ask fathers to complete a simple form on which they can indicate their specific concerns. We have included an example of the questionnaire we used in the pilot program in Appendix B. You may wish to use or adapt this form for your program.
- During The Father's Forum, fathers will raise issues that, because of the expertise or time necessary to explain the topic sufficiently, are best left to a guest speaker. When you hear these topics, you will wait to check with the group to see if there is adequate interest in obtaining a guest speaker to address the topic.
- During informal discussions, a father may ask you for information about a particular subject. If the topic he mentions is one you think other fathers may be interested in, consult with a few other fathers and if there is sufficient interest, arrange to bring in a guest speaker. If not, you should find another way to meet the father's request for information.
- You may think of a speaker or a topic you feel is appropriate for the guest speaker portion of the program. Check first with the fathers to see if there is an interest in the speaker or topic before you invite the speaker to be sure the fathers are interested.

Suggested Speakers and Topics

While fathers do express a special interest in topics relating to their children's future, fathers' interests are broad. Below is a partial list of the speakers we invited to the pilot Father's Program, and the topics they addressed:

Physical Therapist-normal motor development; how different disabilities can affect motor development.

Dentist-normal dental development; how dental development can be affected by disabilities or medications; dental care for children handicaps.

Nutritionist-do children with special needs have different nutritional requirements than nonhandicapped children?

Special Education Teachers-the need for early intervention; selection of appropriate toys for children with special needs; individualized educational programs (I.E.P.s); local preschool, elementary, secondary, and vocational programs available for children with handicaps.

Speech Therapist-communication behaviors of nonverbal children; facilitating children's speech development.

Educational Computer Specialist-software programs for young handicapped children.

Fathers of Older Handicapped Children-their reflections on being the father of a child with special needs.

Sibling Panel-older siblings describing their experiences growing up as the brother or sister of a child with a handicap; sibling concerns that parents should be aware of.

Grandparents Panel-their reactions to their grandchild's disability; how parents can help grandparents accept a child's handicap.

Representative of a Parent-to-Parent or Pilot Parent Group-an explanation of the group's services so participants may decide to volunteer as a helping parent or use the group's services.

Group Home Representative-living opportunities available for adults with handicaps; possible field trip.

Lawyer-providing for your child's future; wills, trusts, and guardianships and how state laws effect them.

Advocacy Group Representative-explanation of services; common problems parents of handicapped children encounter with social service agencies and schools; resolving these issues.

Social Worker-assertiveness training for parents of children with special needs to help them interact with doctors, teachers, social workers, agency representatives, etc.

Psychologist-emotional development of handicapped persons; effective discipline with handicapped children.

Inviting and Preparing a Guest Speaker

Because some of the topics are controversial and will stimulate discussion of many related issues, we often ask speakers to present on only one or two of the topics mentioned above. You will select a guest speaker who has the ability to speak with some authority on a particular topic: a special educaton preschool teacher may have very limited knowledge of vocational programs. Other criteria will include their ability to speak comfortably to a group of parents, their willingness to answer parents questions, and if necessary, their willingness to volunteer their time.

It helps to schedule guest speakers as soon as you identify a common interest. Because many guest speakers have busy schedules, if you wait until the last minute, your speaker may not be available. When scheduling a guest speaker, be sure to inform him or her about the interest expressed in the topic, how you feel the topic would best be presented (a short, 20-minute presentation with time for questions and discussion is often effective), the size and characteristics of the group (will mothers be invited to hear the guest speaker), atmosphere (usually very informal), plus information on time, location, and, if available, payment. If the site of the program is difficult to find, be sure to send a map to the speaker. Thank you letters following a guest speaker's presentation not only express gratitude (especially if the speaker is not being paid) but also increase the chances that the speaker will be available to talk to the group again, should the need arise.

Organizing the Presentation and Discussion

During a typical Father's Program, the guest speaker will meet with the fathers (and mothers, if present) after the children are secured in childcare following snack. Usually the fathers will know about the topic ahead of time through the letter announcing the upcoming meeting (see Putting it all Together). Mothers are often interested in hearing the guest speakers, and should be invited to this part of the program.

Following a brief introduction, the guest speaker will present his or her topic, leaving adequate time for questions. The question and answer session following the presentation is important because it allows parents to get specific information from the guest speaker. Because many of the parents will have expressed an interest in the speaker's topic, you will not have to do much planning for the question and answer session. On occasion, however, inappropriate questions arise and it is your responsibilitv to the speaker to redirect these questions. A common type of inappropriate question would be a father's querie that is specific only to his child and requires a lengthy answer. If a question like this arises, you should ask the speaker if he or she has a few minutes after class to answer individual questions about specific children. If so, you can reassure the father that his question is valid, but will be answered better after the class. On other occasions fathers will ask questions that are off the subject and outside the speaker's area of expertise. For instance, a father may question a speech therapist about the relevance of I.Q. tests. When this happens, you can acknowledge the father's question and tell him that it would be better discussed after class, during the next sharetime, or with another guest speaker. Restating the topic at hand, you can suggest that questions dealing with that topic will be the best way of making use of the speaker's expertise. Speakers who are used to speaking to groups will have no problem handling difficult or inappropriate questions. It will be your responsibility, however, to step in and "rescue" speakers when necessary.

Speakers who can spend a few minutes with fathers after class will provide fathers with a chance to ask specific questions about their children. These questions, especially when they follow the general information of the presentation and the group questions, provide the father with information he can use and relate to his child.

Before breaking up for informal discussion, you'll want to make a few closing comments. You may note that the time has run out and remind the fathers of the next meeting's date and guest speaker. These few comments help bring closure to the program and give permission for fathers to leave if they have to. You may remind fathers who have additional questions that the guest speaker has agreed to stay and talk to individual dads.

While some fathers are asking the guest speaker questions and others are filtering out the door, some dads may use the end of the class to come to you and talk about personal concerns, or ask questions about services or programs. This time immediately after class, like the time before class and during sharetime, provides opportunities for fathers to seek personal attention from the facilitators. Sometimes fathers will just want to talk, and other times they will request information. Fathers may suggest topics for future guest speakers. Do not get so caught up in the closing and clean-up activities after the program that you do not have time to make yourself available to the fathers. Some fathers especially new fathers or men who are reticent to share their concerns within the group, will wait until they can talk privately with one of the facilitators. Be sure you are there to listen when this happens. Active listening skills and attention to a father's request for information will let the father know you are interested in him and what he has to say.

Chapter 7

Final Thoughts And Advice

Putting It All Together

In the previous chapters we have described the individual component activities of the Father's Program. In this chapter we will suggest one way these components can fit together. The order in which the component activities have been presented throughout the book--the Father's Forum, music and activity, snack, and guest speaker--is the suggested order for the meeting agenda.

We have found that there are several advantages to following this sequence. By separating the Father's Forum and the guest speaker with an activity and snack, two back-to-back discussion sessions are avoided. Having the guest speaker at the end of the meeting allows the guest speaker time to answer fathers' individual questions following class.

Of course, the component activities you use and the order in which you present them will be up to you and may be partially determined by variables such as the availability of childcare or guest speakers. See the chapter "Program Alternatives" for suggestions when services, such as childcare, are not available.

Preparing to begin a Father's Program, like building a garage or preparing a great meal, requires numerous small steps that need your attention. Also like building a garage or preparing a great meal, it helps to have a battle plan. Below we have prepared a timetable to follow once an agency has decided to sponsor a Father's Program and has hired facilitators. The first timetable outlines tasks to be accomplished before the program begins. The second timetable outlines the tasks to be accomplished on the day of the program. In this example, the program runs from 10 a.m. until noon on Saturdays.

Things to do Before the First Meeting

1. Two months before. Begin Awareness activities. Send out fliers, brochures, or announcements to hospitals, schools, or infant intervention centers that serve young children with special needs and their parents. Send announcements to local radio stations or newspapers. In your announcements to agencies, let the directors know that you are interested in speaking to their agency's parent group about the Father's Program.
2. One and one-half months before. Begin Recruitment activities. Visit parents' groups to talk about the Father's Program. Contact agency directors by phone to establish a referral policy.
3. One month before. Identify childcare providers and the first guest speaker.

4. One week before. Prepare introduction to the Father's Forum. Plan activites for fathers and children. If necessary, begin to collect equipment and supplies needed for activity.
5. One day before. Prepare or plan snack.

What to do on Program Day

8:30 a.m. Staff arrives. Set up childcare room, arrange chairs in room where fathers will meet during the Father's Forum and the guest speaker presentation. Set up snack tables and activity equipment. Prepare coffee, and set up snack. Set up table for name tags.

9:45-10:05 Greeting. Be sure to arrive early enough so the preparation is over before fathers arrive. This way you will be free to welcome fathers and children. During this time, help fathers situate children in childcare. Show the fathers where the children will be, and then introduce them to the childcare providers.

10:05-10:40 The Father's Forum. Try to begin this first activity as close as possible to the "official" starting time (in this case 10 a.m.). This way fathers who are on time are not penalized, and you will not run out of time due to a late start.

10:40-11:05 Music and activity. Fathers rejoin their children to learn songs and enjoy activities. Often the music, activities, as well as the snack are held in the same room as childcare. During this time, childcare workers will set up the snack.

11:05-11:20 Snack. Be sure not to let this part run too long so sufficient time is left for the guest speaker.

11:20-12:00 Guest speakers. Children are usually left with the childcare providers during this portion of the program.

12:00-12:30 Although the program ends at 12 noon to allow fathers who have other engagements to leave, many times fathers will wish to stay, talk, and ask guest speakers and facilitators specific questions that they did not bring up during the program. Don't be in a rush to clean up and leave; many fathers share information and ask questions at this time that they are reluctant to bring up with a group. Be sure to make yourself accessible to fathers who may need to discuss concerns on an individual basis.

12:30-1:15 Clean up

Program Alternatives

In previous chapters, we have described the Father's Program model that has been successful for the pilot program and, with some modifications, the field test sites. For a number of reasons, the schedules and activities we have offered may not be right for your program. The purpose of this chapter, then, is to encourage you to adapt and tailor the Father's Program model to meet the needs of the fathers in your community with the resources you have available.

Father involvement is an important, albeit new, concept. As this concept spreads and changes from a novel idea to an expected part of parent involvement programs, we anticipate that many models will evolve in order to best meet the particular needs of different groups of men and children to be served. This is both needed and desirable; one model cannot meet the diverse needs of all fathers of special needs children.

The following variations of the Father's Program model may better meet your needs than the demonstration model we've described (In future editions of this handbook we would like to publish additional variations that have worked for other programs. We hope that you will write us and let us know about adaptations you have found successful).

Alternative times. In some communities, Saturday morning or afternoon meetings may not be feasible because of work or program schedule conflicts. When this happens, meetings may need to be held in the evenings or at other times suitable for the fathers. The obvious drawback of evening meetings for fathers of young children is the conflict between the late hour and the child's bedtime. If evenings are the only possible times for fathers of young children, you may wish to consider a "fathers only" structure, explained later in this chapter.

Alternative locations. If you serve fathers from more than one school or intervention program, you may wish to consider varying the location. For instance if two schools on opposite sides of a city are co-sponsoring the Father's Program, you may decide to alternate meetings so fathers from one center are not burdened with a long drive for each meeting. A stable location is usually preferable to constantly changing locations for a group of fathers from the same area. If, however, you draw fathers from several schools or intervention centers, they may enjoy meeting occasionally at different program locations to see what other programs have to offer.

Field trips. The Father's Program should never become routine; field trips can provide variety, information, and fun for the fathers and children who participate. Field trips fall into two general types: informational and recreational . While recreational field trips will generally include the children, informational trips may or may not. Informational field trips may include a visit to a group home or a sheltered workshop to see what options may be available to special needs children in years to come; or a visit to the state legislature to lobby on behalf of children with special needs and their families. Recreational field trips may include a visit to the zoo, an aquarium, or a restaurant that employs disabled persons; watching Special Olympic events; or swimming for dads and children. Field trips can offer group members a chance to get to know each other better in a relaxed, casual atmosphere.

Topical workshops. When fathers express an interest in a topic that will take longer to explore than the time normally allotted for the guest speaker, an entire meeting may be devoted to a special topical workshop. Topics such as Public Law 94-142, the IEP process, sibling concerns, or grandparent concerns are examples of issues that fathers may want to discuss at greater length than is possible in a regular meeting. Agencies and school districts may be able to provide you with speakers on topics concerning school-related laws and policies. Sibling or grandparent workshops may include a staff-moderated panel of family members.

One-time "Fathers Only" workshops. This variation on the Father's Program is valuable when a group of fathers express a tentative interest in a Father's Program. The following format has been used successfully with groups of fathers ranging in size from six to eighty-five. Like the Father's Program, a Fathers Only workshop encourages fathers to share their experiences with other fathers. For most fathers, this will be a unique experience.

One month prior to the workshop, fathers should be contacted by mail, phone, or both and informed of the upcoming workshop. You may wish to consider inviting fathers from programs in the surrounding area. A sample of a letter for a fathers workshop used by the pilot program is included in Appendix C. Before the meeting, arrange the chairs in a circle and provide nametags, refreshments (some programs provide pretzels and beer!), and workshop sheets which outline the topics you will cover (see Appendix C). As fathers filter in, greet them, offer them nametags, coffee, and workshop sheets. Small talk and a relaxed, jovial attitude will go a long way to making the fathers feel at ease. After allowing several minutes grace for fathers who are late, welcome the group, introduce yourself, and briefly explain the purposes of the meeting:

- a chance to meet other fathers of special needs children;
- an opportunity to discuss their common experiences and interests with other men who understand the joys and challenges of being the father of a special needs child;

- a chance to ask questions about schools, programs, services, and policies that affect children with special needs.

Following this brief introduction, decide how many groups of fathers you will have. Assign the fathers to two groups if the total number of fathers is over 12. Between 6 to 9 members in a group is considered optimal for allowing a diversity of experiences and opinions, and still providing each father a chance to have his say.

Ask the fathers to introduce themselves and tell the group a little about their child and their family. Tell them they may use the questions on the workshop sheet, but that they do not need to restrict themselves to those questions. During the introductions, the experiences that one father shares will often elicit comments from other fathers who have similar experiences. As long you do not let one father's concerns dominate the group, this ensuing interchange of comments and questions can lead to a rewarding discussion for the participants. You, as the workshop facilitator, should assure that all fathers have a chance to talk (see chapter on The Father's Forum), and be sensitive to requests for information that cannot be answered by the group. After the meeting you can discuss the best way for fathers to obtain the information they requested during the meeting.

At the end of the workshop (allow at least two hours for an in-depth discussion), close the meeting by making a few summary comments. You may wish to remark on the array of concerns, challenges, and joys facing families of special needs children that you have heard during the workshop. Also, because most participants have never met with other fathers before, you may ask them for their reaction to this type of workshop. If you are interested in providing additional meetings, you can ask if they would like to meet again. Written evaluations from the fathers can also give you valuable feedback on the fathers' reactions to the workshop. An example of an evaluation form for one-time "Fathers Only" workshops can be found in Appendix C.

"Fathers Only" programs. Some programs, because of time, location, or childcare conflicts, may choose to meet without children. These programs can be run essentially like the Father's Program model presented in previous chapters, except that more time will be available for The Father's Forum and the guest speaker. Other programs that are an outgrowth of a Fathers Only Workshop, may continue meetings for the fathers for the first few meetings, and then gradually add guest speakers and children's activities to the program's agenda.

Children at alternate meetings. The inclusion of children at Father's Program meetings adds a special dimension. These meetings can become a cherished time for father and child; fathers can watch other children in action and use other fathers' styles of interaction as models for their own behavior; meanwhile, mothers get a little time off. Still, lack of resources for childcare may make it difficult to have children attend each session. An alternative to not involving children at all would be to have children attend with their fathers at every other meeting. The meetings for fathers and children can focus on recreational, child-centered activities and guest speakers who enjoy having children present to demonstrate their topics, such as physical therapists, dentists, music therapists, or preschool teachers explaining how to select toys for children. At alternate meetings, fathers can devote their time to The Father's Forum activities and guest speakers who address issues, policies, and services of group interest.

Special events. Special events may be functions for the whole family, just for mothers and fathers, or just for fathers. These special events add life and excitement to the Father's Program; they also can expand a family's base of support.

All-family functions are special events where dads and children are joined by sibs, moms, grandparents, uncles, aunts, and maybe a close neighbor or two. The Father's Program pilot effort hosts three all-family events each year. In December, a

Winter Holiday party features a pot-luck brunch, entertainment (perhaps clog-dancing or a juggler), sing-alongs, and, of course, a visit from Santa. The Spring Fling also has a brunch, art projects, egg hunts, and a visit from all the barnyard animals we can find. A summer picnic at a nearby beach or other scenic spot marks our end-of-the-year get-together.

While these are definitely recreational and social gatherings, these special events perform several important functions. Meeting other families can strengthen a familiy's social network, decrease their isolation, and provide information and models for coping with a handicapped child. Mothers meet one another and talk about their children; siblings play with other siblings and other special needs kids; grandparents meet other grandparents and see that families of children with handicaps can function successfully. One of the all-family parties was a revealing experience for one grandparent we know. Prior to the event, he thought that handicapped children were born into poorly cared for, undesirable families. This misconception made it difficult for him to accept his grandchild's diagnosis. After attending an all-family party and seeing the competent, caring families who attended, his notion about handicapped children changed dramatically. During the party he approached a facilitator and expresed interest in volunteering time to work with handicapped children!

Other special events may be held for moms and dads only, such as dinner at a restaurant employing disabled people, or an evening party without the kids. Taking in a local basketball or football game may be an enjoyable event just for dads. An annual ham and eggs breakfast for fathers only is a special event at the pilot Father's Program. Fathers help prepare the breakfast and there is plenty of time for leisurely conversation. Sometimes there is a guest speaker.

Special events can enrich a program's schedule and help make the program vital and meaningful to all family members. The program alternatives presented in this chapter are examples of how you can tailor the program to meet the needs and interests of the fathers you serve given the resources you have available. Father involvement is an evolving concept. We hope you will be creative in making further adjustments in order to offer your group of fathers and children a responsive, viable program.

Chapter 8

Evaluating Your Program

Programs will have different needs for evaluation data -- information on the effect the program has had on the participants. Most basic will be the leaders' need to satisfy their curiosity whether all their work and time have benefited the parents they have served. If a Father's Program is being supported by a community agency, the leaders will probably have to account for how the agency's funds are being used, and what impact they are having on the program participants. Father's Programs that are affiliated with universities or other research institutions may be involved in more extensive evaluations that reflect the resources and philosophies of the researchers who are assigned to study the programs.

The Seattle Father's Program was developed under a federal grant which required that we evaluate the impact of the program. We therefore implemented a very extensive study of the families, and we are continuing to follow up on these families through a subsequent federal research grant we have obtained. It would be unrealistic for most Father's Programs to attempt an evaluation as extensive as ours, which required families to complete an annual 1-2-hour-long assessment package, and a staff of researchers to prepare and analyze the data. We will describe at the end of this chapter the approach we took, and the results we have obtained thus far. But we expect few Father's Programs to follow our evaluation model, simply because they will not have the time or the money.

Pre-Post Alternatives

Choosing measures. All Father's Programs will be able to find the resources to conduct a very short and simple evaluation in the form of a pretest and a posttest at the beginning and end of a program year. Program leaders may want to select one of the assessment measures we used in our program for this pre-post evaluation. For example, if you are most interested in finding out how the program affected the father's depression or the family's coping patterns, you could ask the fathers to complete the Beck Depression Inventory or the Family Environment Scale. If you are most interested in developing fathers' social supports, you may want to use the Inventory of Parent's Experiences, which measures change in this area.

Many programs may want to measure variables that we did not address in our evaluation plan. One area of interest might be fathers' problem solving skills related to being a parent of a child with special needs. We would expect that the information fathers receive during the program meetings, and the experiences they share with other fathers will help them locate the resources in their community they need to cope with the special needs of their child and family. Our staff are developing a problem-solving measure we will use in our long-term research, and we would be happy to share that measure with others. There are also similar measures that have been developed by other researchers, and program staff who have access to university libraries or consultants may wish to review several problem-solving instruments before they select the one most suitable for their program.

Many programs will want to include a very practical evaluation that is directly referenced to the program's content. This type of criterion-referenced evaluation has to be tailored individually to each program and its site. You would begin to develop this kind of measure by reviewing your agenda for the program year prior to the first meeting. Identify topics, activities, and speakers you will have on your agenda and the kinds of information and skills you expect fathers will obtain from those activities. Then draft some questions that will reflect what you think fathers will learn from those presentations. For example, if you are planning to teach fathers games they can play with their children, one question might be:

> How much time do you spend, in a typical week, playing with your special child?

If you plan to invite a guest speaker to talk about respite care, you might ask:

> Do you know how to obtain services through your state's respite care program?

If you plan activities and speakers that you hope will increase fathers' involvement in their children's school programs, a good question to ask would be:

> In the past year, how many times have you visited your child's school?
>
> or
>
> Have you attended an IEP meeting at your child's program?

Interpreting your results. When you collect pre-post data on your group of fathers, you will want to test the hypothesis about the difference between their scores on the measures before they entered your program, and after they participated in your program. Social scientists who attempt to test their hypothesis begin by assuming that their hypothesis is not true. This assumption is called the null hypothesis.

The statistical test social scientists often use to test the null hypothesis, or to determine whether the difference between pre and post results are significant is called a t-test. This test is a ratio of the difference between the two sets of score means and the variation of the two sets of scores. The t-test is relatively simple to calculate, and can be done with a pocket calculator. We recommend, however, that you try to find someone in your community who can analyze your data for you. If there is a college or university nearby, you could contact the statistics, education, psychology, or social science department to find our if someone on the faculty or a graduate student could help you analyze your data. This might be a good project for a graduate student, and you probably would not need to have a large special budget to pay a consultant. Of course you will want to offer your statistical aide whatever you can to show your appreciation, be it a consultation fee or simply a letter acknowledging the individual's help and contribution to your program.

Our Evaluation Plan and Results

As we explained, we planned an extremely comprehensive evaluation of the Father's Program. We worked with our consultant, Dr. Mark Greenberg, beginning several months before we received our federal grant. In fact, we are still working with him now, after our grant has ended, to complete analyzing data from our final posttest.

The hypothesis we set out to test was that the Father's Program would have an impact on the stress and depression levels and social support of fathers in the program and their wives. Because there were really no examples of evaluation designs for fathers programs that we could follow, we also hoped to identify a convenient and reliable assessment plan that others could use to evaluate their programs. We chose a total of 10 measures in all which we asked our families to complete in the first year of the federally funded program. We later reduced the number of measures to 7. The two matrices included in Appendix D indicate the measures we used and the parent domains they were used to describe. A description of these measures is also appended. Copies of these measures can be obtained by writing to the individual authors, or by writing to us at the University of Washington.

At this time we are able to share the results of our initial pre-post-test of fathers and their wives. For the benefit of researchers who may be reading this, we used a series of one-way ANCOVAs with child's age, father's occupation, and father's education as covariates to examine the effects of program participation on fathers. Child's age and mother's education were used as covariates to assess the effects on mothers.

To summarize briefly our findings, fathers who participated in the program had depression scores that were lower than those for newly enrolled fathers. They also reported less sadness, fatigue, pessimism about the future, and guilt, and more satisfaction, and better decision-making ability. Wives of men enrolled in the program also reported lower feelings of failure, and more positive feelings of attractiveness than wives of newly enrolled fathers. Fathers in the program and their wives also reported less stress due to the child's incapacitation compared to newly enrolled fathers.

The program also appeared to have positive effects on the social supports of parents involved in the program. Program fathers reported more satisfaction with people they could share their most private feelings with, and greater satisfaction with their religious and neighborhood involvement. Both fathers in the program and their wives reported more satisfaction with people to share good/happy times with, and wives of program fathers reported more satisfaction with the amount of time they had to themselves compared to wives of newly enrolled fathers.

These are preliminary results, but they are promising, particularly because the fathers we evaluated had not yet experienced the fully refined program; these data reflect the impact of the pilot program only. Readers who wish more information on this evaluation are referred to Vadasy, Fewell, Meyer and Greenberg (1985) in Analysis and Intervention in Developmental Disabilities, Volume ___, pp. ___.

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Appendix A

Active Listening

What It Is and Is Not

As a Father's Program facilitator, you will be called upon to lead discussions, act as a role model for other fathers, and, on occasion, speak to fathers of newly diagnosed handicapped children. Active listening is a valuable skill that will help you become more effective in these roles--as well as in your roles as husband, father, and friend.

Listening is attending to what someone says; we usually think of it as a passive activity. Active listening requires that the listener attend very carefully to what the speaker is saying. The active listener tries to understand the speaker's feelings and to clarify what the speaker is trying to say. The listener does not add his own thoughts, opinion, or advice. He simply listens and then reflects back to the speaker what he thinks the speaker was trying to say.

For example, a father from your program tells you: "Weekends are becoming pretty crazy at our house. Both Bobby, my 5-year-old with Down syndrome and his sister, Sherry - she's 8 - are home all day and they fight like crazy. When they do that, Jill, my wife, gets real upset and she starts yelling. I'm sure not looking forward to Christmas vacation."

Let's look at three possible responses to this father's statement:

Facilitator A: "Sounds like what your family's experiencing is pretty normal for kids - handicapped or not. It may not be a lot of fun now, but don't worry, they'll grow out of it. I know - I've been there."

Facilitator B: "Siblings of handicapped kids often have special concerns and sometimes behaviors resulting from those concerns. Why don't you bring Sherry to the next SEFAM SIBSHOP on December 15th?"

Facilitator C: "You're afraid that Christmas break will be one long tense weekend."

Which response do you think is the most appropriate?

Facilitator A sought to reassure the father. While well intentioned and perhaps true, Facilitator A's response has the effect of glossing over the father's concerns and gently closing the door on further discussion.

Facilitator B attempted to provide a solution to the father's problem. There are many different ways to approach this problem, and the facilitator may be lucky enough to offer a solution that sounds right for the father--but then again it may be all wrong. If the father rejects the facilitator's solution, he will have no incentive to continue talking to the facilitator and exploring the situation.

Well-Intentioned Communication Roadblocks

Facilitators A and B, trying to reassure and provide solutions for the father, commit two of what Dr. Thomas Gordon, author of the highly recommended Parent Effectiveness Training, calls the "Typical Twelve" blocks to communication. Here's a list of Gordon's "Typical Twelve" with examples of responses a facilitator could make. These responses can effectively shut the door on conversation with a father (wife, friend, child) who has approached you for help. They can convey a lack of acceptance, trust, or faith that, with help, the person can come up with his own best solution to his concerns.

1) Ordering, directing or commanding.

   e.g., "You can't deny grandparents the right to see their grandchildren!"

   "Quit feeling sorry for yourself!"

2) Warning, admonishing or threatening.

   e.g., "If you don't enroll your baby in an intervention program, she'll really be at risk for developmental delay!"

3) Exhorting, moralizing, preaching.

   e.g., "You shouldn't feel like that..."

4) Advising, giving solutions, or suggestions.

   e.g., "Why don't you invite the grandparents over for breakfast after church and then tell them about Mike?"

5) Lecturing, teaching, giving logical arguments.

e.g., "I think you'll find that having a handicapped baby will bring you and your wife closer together than ever before."

6) Judging, criticizing, disagreeing, blaming.

e.g., "Bill, that just doesn't make sense."

7) Praising, agreeing.

e.g., "Well, you appear to me to be doing a pretty good job handling Sharon's problems."

8) Name-calling, ridiculing, shaming.

e.g., "That's ridiculous. Anybody can see that there is alot of affection in your family."

9) Interpreting, analyzing, diagnosing.

e.g., "You're just saying that because you're hurting alot right now."

"You really don't believe that at all."

10) Reassuring, sympathizing, consoling.

e.g., "You will feel better about it in the morning."

"I think your daughter will come around to your point of view."

11) Probing, questioning, interrogating.

"Did the doctor say something to make you feel angry?"

12) Withdrawing, distracting, humoring, diverting.

e.g., "Well...on to happier subjects..."

It can be devastating to read through the "Typical Twelve" because we all use some, if not all, of them at one time or another. Some of the approaches, like reassuring and questioning, may seem natural and helpful; indeed, in some situations questioning and reassurance may be very appropriate. If the speaker is unclear or distraught, a question may help the listener better understand the speaker's concerns. It is better to ask a question than to pretend to understand a confusing statement (Egan, 1982). Open-ended questions such as "I'm sorry. I think I lost you. Could you go over that again?" indicate that the listener wants to understand what the speaker has to say. Other questions can help define the speaker's concern. A question such as "Let me see if I understand you correctly; you're saying that Mike didn't have seizures before the operation?" can give the listener a more complete idea of the speaker's concern. Questions are misused when they are used too often or are used, detective-style, to solve the speaker's problem.

We usually offer reassurance to let the listener know that a situation really is or will become acceptable. Yet, this form of reassurance is of limited value to the speaker because it ignores how the speaker feels right now. On the other hand, the empathic statements used in active listening acknowledge and convey acceptance of the speaker's problem. Reassurance is most valuable when it restores a person's confidence, and active listening can help restore a person's confidence in his ability to find an acceptable solution to his problem.

Facilitator C does not offer the father a solution to his problem. He reflects the father's concerns without offering opinions or advice. This is a safe procedure for two reasons. If the listener understood the speaker's problem accurately, the speaker is given a "green light" to continue talking about his concern. If the listener misunderstood the concern, the speaker will have a chance to correct him. The speaker could reply "Well, it's not the Christmas vacation I'm so worried about, but my wife."

Non-Verbal Encouragement

This reflective approach also lets the speaker "think out loud" and often find a solution to his concerns that is most appropriate to him. Facilitators can give fathers permission to think out loud and can keep the doors of communication open without saying "Tell me more." Gerard Egan (1982) lists five ways a listener can non-verbally let the speaker know that you are interested in what he has to say:

1) Face the speaker directly - Let your posture show that you are interested and that the speaker has your full attention.

2) Adopt an open posture. A listener with tightly crossed legs and arms folded across his chest does not communicate that he is open to the speaker's thoughts. If you adopt an open, relaxed position, you can help the listener relax and feel that you are receptive to what he has to say.

3) Lean toward the speaker when it is appropriate. Take care that you are not so relaxed that you present a slouched "laid back" position that can communicate disinterest. If you incline your body slightly toward the speaker, you can let him feel that you are involved in what he is saying.

4) Maintain eye contact. Your eyes, like your posture, let the speaker know you are "with him." If you don't look at the speaker, he will begin to feel that you are not attending to what he is telling you.

5) Try and be relatively relaxed while engaging in these behaviors. Most of us probably follow most of these common-sense rules naturally when we listen to others. Become aware of rules that make you available to a speaker and practice them the next opportunity you have to listen.

Other non-verbal behaviors, when used appropriately, encourage speakers to continue talking; these include body gestures such as nodding the head, tilting the body, or knitting the eyebrows. Very short verbal responses or "empathetic grunting" can also encourage the speaker to explore his concerns further. Examples may include "mmm...," "uh-huh," "ah," "oh," etc. Higher on the "evolutionary chain" of listening behaviors are short one-, two-, or three-word phrases that let the speaker know that you are still with him. Phrases like "I see," "yes," "is that right," "no kidding," "really," "wow!" can encourage a reticent speaker to continue talking.

Some fathers need an explicit invitation to talk. Here are some invitations that are recommended by Dr. Gordon:

"What's your point of view on this?"

"Let's hear what you have to say."

"This seems like something important to you."

"I'd like to hear about it."

"Shoot, I'm listening."

"Sounds like you've got something to say about this."

Reflecting the Speaker's Concerns

All of the listening behaviors discussed so far encourage the speaker to continue to speak. The listener remains essentially passive and does not interject his own thoughts or opinions, keeping the focus on the speaker's concerns. While it's possible to be helpful to a listener with these few passive listening techniques, a far more valuable technique requires that the listener assume a more active role.

Active listening, like empathic passive listening, requires that the listener not add his own advice, sympathy, arguments, or solutions but reflect the speaker's. Consider these examples:

> Speaker: "You know, when you're getting ready for your first baby, and trying to do everything right, you can't help but have dreams for your kid...And then this happens. It's just not fair."
>
> Listener: "You've been robbed of your dreams for your son's future."

> Speaker: "Nothing personal, mind you, but I really don't see how meeting with a group of other fathers is going to solve my problems. I don't think anything can do that."
>
> Listener: "Right now, things are looking pretty black. You're not sure anything can help you."

In each case, the listener does not deny the speaker's feelings, does not challenge him, and does not try to solve his problem for him. Instead he repeats the core of the speaker's message, what the speaker is really saying.

Practice Tips

The only way to become proficient at active listening is to practice it. Luckily, it is possible to use active listening often. You can practice listening to your spouse describe her tiring day, or your friend gripe about his job. Remember that active listening is not only used with problems. For example, consider this example:

> _Speaker_: "The doctor said Brian probably won't have to come in for any additional heart surgery."
>
> _Listener_: "You're really relieved about that."
>
> _Speaker_: "You bet."

Below are a few guidelines that will help you practice listening skills:

- _Don't parrot the speaker_. The speaker needs a listener, not a tape recorder. An example:

> _Speaker_: "Those teachers at Susie's school-- they're so negative. They really make me mad."
>
> _Listener_: "Susie's teachers really make you mad."

It can be very disconcerting for the speaker to hear his own words echoed back to him, and it may stop him from continuing. The listener would be more effective if he tried to reflect what he understood the speaker to say:

Listener: "You're annoyed that Susie's teachers are so pessimistic about her."

- Use a variety of words to tell the speaker you understand his message. There are many more emotions than happiness, sadness, anger, or concern, and the listener's job is to clarify these feelings for the father. Table __ lists some words that make finer emotional distinctions; we have adapted the list from a Parent-to-Parent training packet.
- Avoid beginning empathic statements with the phrase "I hear you saying..." This overused phrase has become a cliche and it can be so jarring that it can stop the speaker from listening to you or proceeding. When you are actively listening, you will think the phrase "I hear you saying..." but reflect back what you understand the father has said.

Speaker: "I'm really a mess. One minute I'm high and happy, and the next minute I'm down in the dumps. I never know what's next."

Listener: (Thinking: I hear you saying...) "You feel like you're on an emotional rollercoaster that you can't predict."

- Keep your empathic statements brief. Egan recommends that you make frequent but brief responses to the speaker. Unnecessarily long responses like the following change the focus from the speaker's self-exploration to the listener's attempts to understand the speaker.

  Speaker: "You know, we can't even afford this child. It was going to be hard enough meeting living expenses even if she wasn't handicapped. Now we have all sorts of extra expenses."

  Listener: "On top of all the typical expenses that a young family has -- food, shelter, transportation, heating bills, now you have to cover all of Liz's expenses for therapy, equipment -- the whole bit. You weren't sure where the money was going to come from if Liz hadn't been handicapped, and now you're really confused."

- A lean, less self-conscious and more facilitative reply might be:

  Listener: "You're overwhelmed and you don't know where the money will come from."

- Give yourself time to think. You can avoid long-winded responses like the one above if you give yourself time to think before responding. If a listener is giving a speaker his entire attention -- truly listening actively -- it will be difficult to immediately respond with a brief, thoughtful statement. Give yourself a few seconds before responding. Don't worry about pauses; chances are you will notice them much more than the speaker will.
- Know when and when not to actively listen. Certain comments and questions call for direct replies or answers, not active listening.

Speaker: "When does the next Father's Program meet?

Listener: "You are curious about the Father's Program's schedule."

Obviously, this father does not need active listening as much as he needs a straight answer.

Speaker: "Janet and I are concerned that Sarah is still not talking. She's our first, so we don't know whether that's normal or not."

Listener: "Is there a speech therapist at her school? If not, I have the phone number of a therapist who can assess her language and explain to you and Janet normal speech acquisition."

Don't attempt to practice active listening if you don't have sufficient time to spend on it. If a father raises a concern as you are trying to get to the airport on time, make an appointment to talk to him another time rather than try to address the father's need then and there. Active listening takes time.

Also keep in mind that not all fathers will want to open up their concerns for active listening. Some people with problems won't want to talk about them, or not at the present time. Their rights need to be respected.

- Express empathy through your tone, manner, and language.

A subdued monotone response to a father's excited account of his trip to another city for his child's special surgery will not make him feel that you understand his feelings, even if your words are correct.

A dry, academic response to a blue-collar father's statement also may not make the father feel like you understand his position and feelings. Your tone, manner, and language must convey to the speaker that you are "with him."

- Be natural.

  You will eventually be able to weave your active listening skills into your everyday speech, and you'll begin to forget you are using a special technique. If this is your first encounter with active listening, this may seem like an impossible task. Practice your skills whenever you can; there's a good chance you'll be rewarded for it. Once you "open the door" to conversation, you may discover things about your wife, friend, or child that you never knew before. As you listen for the core message -- the content and feeling -- you may discover more about yourself and your own feelings. Parent Effectiveness Training (P.E.T.) courses can also help refine your active listening skills. They are occasionally offered by school districts. In some cities, "Parent Effectiveness Training" is listed in the white pages of the phone directory.

Benefits and Limitations of Active Listening

In the The Father's Forum group, active listening can be used to help a father clarify his concerns; it can also be used throughout the discussion to check on what you hear fathers saying. Active listening will also be valuable when an individual father shares a personal concern with you. If you are also a father of a special needs child, your experiences will bring a genuineness that will greatly facilitate your active listening. You may not be able to solve a father's problem just by practicing active listening (indeed, some problems are unsolvable). Your empathy, however, will help the speaker share his concerns, and this alone can have a cathartic, therapeutic effect.

A final caution. Active listening can't solve all problems. Some fathers will have more problems or more serious problems than active listening can solve, and they may need professional counseling. The counselor may also use active listening techniques, or other techniques that may be more appropriate. Counseling is a specialized skill that requires training and supervised practice. Your active listening skills can help identify fathers who may need this more specialized help.

Table A-1

	Emotions: Happiness	Sadness	Anger	Confusion
Intensity	Elated	Depressed	Furious	Bewildered
	Excited	Disappointed	Enraged	Trapped
	Overjoyed	Alone	Outraged	Troubled
High	Thrilled	Hurt	Aggravated	Desperate
	Exuberant	Heart-broken	Irate	Lost
	Ecstatic	Dejected	Seething	
	Fired-up	Hopeless	Ripped off	
	Delighted	Sorrowful		
		Crushed		
	Cheerful	Left-out	Resentful	Disorganized
	Up	Down	Mad	Foggy
Medium	Good	Upset	Annoyed	Misplaced
	Relieved	Distressed	Frustrated	Disoriented
	Satisfied	Regret	Agitated	Mixed-up
	Contented		Hot	
			Disgusted	
	Glad	Unhappy	Perturbed	Unsure
	Content	Moody	Uptight	Puzzled
Mild	Satisfied	Blue	Dismayed	Bothered
	Pleasant	Sorry	Put Out	Uncomfortable
	Fine	Lost	Irritated	Undecided
	Pleased	Bad	Touchey	Baffled
		Dissatisfied		Perplexed

	Fear	Weakness	Strength	Guilt
Intensity	Terrified	Helpless	Powerful	Sorrowful
	Horrified	Hopeless	Aggressive	Remorseful
	Scared Stiff	Beat	Gung-Ho	Ashamed
High	Petrified	Overwhelmed	Potent	Unworthy
	Fearful	Impotent	Super	Worthless
	Panicky	Small	Forceful	Rotten
		Exhausted	Proud	
		Drained	Determined	
			Dynamic	
	Scared	Dependent	Energetic	Sorry
	Frightened	Incapable	Capable	Lowdown
	Threatened	Lifeless	Confident	Sneaky

	Emotions:			
	Happiness	Sadness	Anger	Confusion
Medium	Insecure Uneasy Shocked	Tired Rundown Lazy Insecure Shy	Persuasive Sure	
Mild	Apprehensive Nervous Worried Timid Unsure Anxious	Unsatisfied Under-par Shaky Unsure Soft Lethargic Inadequate	Secure Durable Adequate Able Capable	Embarrassed

Appendix B

The Role of the Sponsoring Agency

Agencies that sponsor a Father's Program will be those who recognize that having a handicapped child is indeed a "family affair." They will recognize that fathers play an increasingly vital role in the lives of their children, and that fathers' needs -- like those of the children's and mothers' -- deserve to be addressed. The agency's role, then, will be to help identify qualified staff to run the program, and to provide administrative and financial support.

One of the attractions of the Father's Program is that it need not be difficult or costly for an agency to support. If an agency already has access to the physical space (school classrooms or church daycare space) and preschool equipment and toys, the participants in Father's Programs can use them at times when they are usually not being used, such as on Saturdays or evenings -- times most convenient for fathers.

Agency directors should consider the expenditures outlined below when considering sponsorship of a Father's Program. Note that in many states, these costs may be offset by reimbursements from state developmental disabilities bureaus for the service provided to the child and her father.

Stipend for professional facilitator - Unless this facilitator is already an employee of the sponsoring agency (in which case "comp" time may be given for time spent on the program, or unless the facilitator is a volunteer (perhaps a graduate student running the program for credit), the agency will need to provide the professional facilitator with a stipend. Considering the responsibilities of the program, such as recruiting new fathers, securing guest speakers, planning and running the program, and maintaining contact with participants, the facilitators' job can easily take one and one half days per program meeting.

Stipend for father facilitator - The professional facilitator must commit the most time to the program because he is responsible for almost all of the responsibilities outside of the actual program session. The father facilitator will require a minimum of one half day per program session. The agency may find a father who is willing to volunteer his services.

Stipends for childcare coordinator and providers - In Chapter 3 on childcare, we describe the responsibilities of the childcare coordinator and providers. In Chapter 7 we also suggest alternatives if the sponsoring agency cannot locate or afford childcare providers or coordinators in the section on program alternatives. If an agency can afford to make childcare available, we estimate the need for a commitment of one-half day for the childcare coordinator and for each childcare provider.

Stipends for guest speakers - Often, guest speakers will volunteer their time. If not, they may require a small payment for their services.

Snacks - Costs for snacks may be handled several ways: the agency can pay for them; fathers can pay for them through a small contribution they make at the beginning of the program year, or fathers may take turns preparing and bringing the snack.

Clerical assistance, postage, supplies - We usually mail notices to fathers in the Program announcing upcoming meetings and guest speakers. The costs for preparing these mailings and postage are usually minimal, and are usually assumed by the sponsoring agency.

Sample Budget

Below is a sample budget for one meeting of a fathers program. In this sample, costs are offset by reimbursement from a state developmental disabilities bureau. The costs presented are only estimates. Actual costs for your program may be higher or lower, but use this budget to begin to plan your expenses and how you will meet them.

Stipends for:	professional facilitator:	$ 125	(1-1/2 days)
	father facilitator:	40	(1/2 day)
	childcare coordinator	35	(1/2 day)
	childcare provider #1	12	(1/2 day)
	childcare provider #2	12	(1/2 day)
	childcare provider #3	12	(1/2 day)
	guest speaker	services donated	
	clerical assistance, postage, supplies		
	donated, snack	donated by fathers	
		$ 236	

Reimbursement by state developmental disabilities:

reimbursement per dyad for 2 hours service	$ 15
number of father-child	x 12
dyads served	$ 180
cost	$ 236
minus reimbursement	180
actual cost per program session	$ 76

APPENDIX C

UNIVERSITY OF WASHINGTON
HEALTH SCIENCES CENTER
Information Services
SEATTLE, WASHINGTON 98195
TELEPHONE (206) 543-3620

For additional information contact Patricia F. Vadasy
(206) 543-4011

FOR IMMEDIATE RELEASE

What happens to a father when he and his wife take their newborn handicapped infant home from the hospital? He often feels lonely, discouraged, and overwhelmed by the day-to-day challenges of caring for and educating a handicapped child. He wants to do everything he can to help his wife improve the quality of life for their child, yet he may not know where to begin.

A new three-year program at the Experimental Education Unit of the Child Development and Mental Retardation Center at the University of Washington is designed to address the needs of fathers and other traditionally underserved members of the young handicapped child's family. Supporting Extended Family Members (SEFAM) will focus in its first year on the fathers of handicapped infants from 0-36 months of age.

Fathers and their infants meet every other Saturday morning from 10 to noon on the UW campus or in the fathers' communities. Saturday group sessions provide time for fathers to share their concerns about their children, and opportunities for fathers to learn songs, dances, and exercises that help them discover new ways of enjoying their infants and contributing to their development. Guest speakers are invited to talk to the fathers about concerns they have identified. Topics may include dental care and nutrition for the handicapped child, toy selection, and planning for the child's future. SEFAM staff members also meet with families individually in the evenings and at the family's convenience.

One of the research goals of SEFAM is to study the changes over time of the patterns of family interaction as a result of participation in SEFAM activities.

Dr. Rebecca Fewell, associate professor of education in the area of special education, is the director of the SEFAM program. Don Meyer and Greg Schell, who have been involved in the pilot program for SEFAM started three years ago at the EEU by Dr. Sam Delaney, are the project coordinator and family educator. Patricia Vadasy is responsible for developing informational and curriculum materials. SEFAM staff will expand the program in 1982-83 to include siblings and infants up to 48 months of age, and in 1983-84 to include aunts, uncles, grandparents, and other relatives of handicapped children up to 60 months old. Staff are currently recruiting fathers for this year's activities. There is no cost to families and all families with handicapped infants and toddlers are welcome.

(more)

SEFAM
add one

SEFAM staff welcome invitations from groups and individuals to discuss the program, and prospective families are welcome to observe a Saturday morning session. For additional information, SEFAM staff can be contacted at (206) 543-4011.

###

PFV
10-23-81

WHAT IS SEFAM?

SEFAM (Supporting Extended Family Members) is a program for families of handicapped infants and children. It is designed to help fathers, siblings, aunts, uncles, and grandparents interact more effectively with the handicapped child in the child's natural environment.

SEFAM is a demonstration program funded by the U.S. Department of Education's Handicapped Children's Early Education Program (HCEEP). It is based on a successful 3-year pilot program that has been offered at the University of Washington's Experimental Education Unit--the Fathers and Infants/Toddlers Class. SEFAM will gradually expand upon this program by serving handicapped children up to age 5, their siblings and other family members.

WHAT DOES SEFAM OFFER FAMILIES WITH HANDICAPPED INFANTS?

SEFAM offers families an opportunity to get together with other families, share their common concerns, and learn how to become more effective caregivers, educators, and advocates for the handicapped child. Families learn how to interpret their infant's behaviors and better meet the child's developmental needs. They learn how to take a more active part in their child's education and prepare the child for participation in the community.

HOW CAN I FIND OUT MORE ABOUT SEFAM?

Families who are interested in SEFAM are invited to observe a Saturday morning session. A SEFAM staff member will be happy to talk with prospective families or groups about the program. Families are welcome to call or write the SEFAM staff for additional information. Inquiries from other professionals, students, and teachers are also most welcome.

Dr. Rebecca R. Fewell - Project Director
Don Meyer - Project Coordinator
Greg Schell - Family Educator
Patricia Vadasy - Materials Developer
Stephanie Prince - Project Secretary

Supporting Extended Family Members (SEFAM)
Experimental Education Unit WJ-10,
Child Development and Mental Retardation Center
University of Washington, Seattle, WA 98195
(206) 543-4011

SEFAM

SUPPORTING EXTENDED
FAMILY MEMBERS

AN ECOLOGICAL PROGRAM FOR FAMILIES
OF HANDICAPPED INFANTS AND CHILDREN
AT THE UNIVERSITY OF WASHINGTON

WHO DOES SEFAM SERVE?

In the first year of the program (1981-82), SEFAM will serve fathers of infants from birth to 36 months of age. In Years 2 and 3, the program will expand to include:

Year 2- handicapped infants up to 48 months of age and their siblings

Year 3- handicapped children up to 60 months of age and their aunts, uncles, grandparents, and other family members.

Families with children having any kind of handicap are eligible to participate.

ARE MOTHERS INCLUDED?

Yes, mothers are invited to participate in many SEFAM activities; however, they are not the major focus of this family program. Many parent programs are successfully meeting the needs of mothers of handicapped children. For example, many programs meet during the day when fathers are usually not able to participate. SEFAM was planned specifically with fathers and the rest of the child's family in mind -- to help them better understand and respond to the child's needs. We anticipate that SEFAM will benefit mothers by involving other family members in the care and education of the handicapped child.

WHEN AND WHERE DOES SEFAM TAKE PLACE?

Families meet every other Saturday morning from 10:00 to noon. Initially, meetings will be held on the University of Washington campus at the Experimental Education Unit of the Child Development and Mental Retardation Center, and will later move into locations in the families' communities. Individual family consultations will be arranged at the family's convenience.

WHAT HAPPENS AT A TYPICAL SEFAM SESSION?

At the beginning of the Saturday session, families share their observations and concerns about their child's development. Fathers talk about the things their child has done in the last week or two, and common problems are often identified. Fathers of older infants often offer new fathers suggestions that are based upon their experiences playing and caring for their infants. Fathers usually learn a song, dance, or exercise they can use at home when they play with their child. Each week a different family member brings a snack to share with the group. Guest speakers are invited to talk to the group about topics the families have suggested. Topics have included: nutrition and dental care for the handicapped child; planning for the child's future; and selecting toys for the child. In an informal and natural setting fathers are helped to become more sensitive to the special needs of their child, to better understand their child's handicap, and to improve the quality of life for their child and family. One of the goals of SEFAM is to study changes across time in the patterns of family interactions as a result of participation in SEFAM activities.

IS THERE ANY COST FOR FAMILIES TO ATTEND SEFAM SESSIONS?

There is no cost to families who take part in SEFAM, and families are invited to attend as frequently as possible given their busy schedules.

WHAT IF MY CHILD IS ALREADY ENROLLED IN ANOTHER PROGRAM?

The focus of SEFAM is on the interactions between the family and the child and, as such, SEFAM complements other programs in which the child may be enrolled. Families whose children take part in other educational programs are most welcome in the SEFAM program.

The fol[illegible]ing person has expressed interest in

SEFAM's Fathers Program: ____

Address ____

City ____ Zip ____

Phone ____

Child's name ____ Age ____

Child's handicap ____

Mother's name ____

This card is sent by ____

Representing ____

Work phone ____

Additional comments: ____

SEFAM contacts: Don Meyer, Greg Schell 543-4011.

The following person has expressed interest in

SEFAM's Fathers Program: ____

Address ____

City ____ Zip ____

Phone ____

Child's name ____ Age ____

Child's handicap ____

Mother's name ____

This card is sent by ____

Representing ____

Work phone ____

Additional comments: ____

SEFAM contacts: Don Meyer, Greg Schell 543-4011.

The following person has expressed in[illegible]est in

SEFAM's Fathers Program: ____

Address ____

City ____ Zip ____

Phone ____

Child's name ____ Age ____

Child's handicap ____

Mother's name ____

This card is sent by ____

Representing ____

Work phone ____

Additional comments: ____

SEFAM contacts: Don Meyer, Greg Schell 543-4011.

The following person has expressed interest in

SEFAM's Fathers Program: ____

Address ____

City ____ Zip ____

Phone ____

Child's name ____ Age ____

Child's handicap ____

Mother's name ____

This card is sent by ____

Representing ____

Work phone ____

Additional comments: ____

SEFAM contacts: Don Meyer, Greg Schell 543-4011.

Dear Parents,

On Tuesday, February 15, 1983, at 7:00 p.m. the Child Development Center, Valley School of Special Education, and the Good Samaritan Children's Therapy Support Group will sponsor a special meeting for FATHERS ONLY. Hosting this special program will be Don Meyer and Greg Schell. Don and Greg have run the successful Fathers Program (SEFAM) at the University of Washington for the past five years and recently presented a "Fathers Only" workshop at the Down's Syndrome Congress Convention in Chicago for 85 fathers.

Why are we offering a special meeting for fathers only? Because fathers of special needs children rarely have an opportunity to discuss their concerns and interests with other fathers who can fully understand the joys and challenges of being the parent of a child with special needs. Also, fathers often have different interests than mothers. For instance, many fathers are particularly concerned about their children's future, and may have questions about wills, trusts, employment opportunities, and residential facilities. At the Fathers Only meeting, dads will have an opportunity to ask questions of other more "seasoned fathers as well as discuss their children, their children's handicaps and the effects the handicaps have had on them and their families.

If you have questions to ask, issues you would like to discuss, or information to share with other fathers, join us at Good Samaritan Hospital's Olympic Room (across from the cafeteria) at 7 p.m. on February 15 for an informative and rewarding discussion of topics that affect us all.

Sincerely,

FATHERS WORKSHOP DOWN'S SYNDROME CONGRESS NOVEMBER 7, 1982

The Fathers Program is based on the belief that fathers have the potential to be each other's best resources. The purpose of this workshop is to introduce fathers of children with Down syndrome to other fathers. By sharing your experiences and interests, you will help all the group members develop a broader understanding of the special joys, concerns and challenges that are a part of being the father of a child with Down's syndrome.

We'll begin by asking each father in the circle to share with your group your name, where you live, and some information about your son or daughter, such as age, school placement, etc. Feel free to ask each other questions and make comments, but pace yourself so everyone gets a turn.

Listed below are some topics you may wish to address when discussing your child:
- how did you hear about your child's diagnosis?
- what was your reaction to the diagnosis?
- was this different than your wife's reaction?
- how did the child's grandparents react to the diagnosis?
- how has being a special father changed your life?
- what do you think your nonhandicapped children's biggest needs are?
- what is your child's biggest challenge right now?
- when you think about your child's future, what do you see?

We are asked to give Fathers Only workshops from time to time. A little feedback from you will help us make them more valuable for the fathers who attend.

1. General reaction to the workshop.

2. What aspect of the workshop was most helpful to you?

3. What would have made the meeting more valuable?

4. What types of information would you like to receive?

5. Was this a convenient time for you to meet? ______

   If not, when would it be more convenient for you to meet?

6. Would you be interested in attending other meetings like this one? _____

   If so, how often would you be interested in meeting?

7. If you would like to attend the Fathers Program, please give us the following information so that we may notify you of future meetings:

   - your name, address, zip code, phone number

   - your child's name and age

SEFAM Individualizing Parent Involvement

Do you have questions about:

	YES	NO	COMMENTS
1. Physician			
2. Physical Therapist			
3. Child Development			
4. Speech/Hearing Therapist			
5. Genetic Counseling			
6. Nutrition			
7. Dental Health			
8. Advocacy Groups			
9. Sex Education for Handicapped Children			
10. Laws relating to Special Education			
11. School programs available for your child --currently			
--when he/she gets older			
12. How to find a program that meets the needs of you and your child.			
13. Respite care			
14. Tax information on deductions for handicapped children			
15. Availability of religious programs for your child			
16. Specific handicapping conditions			
17. Other			

(see other side)

Would you like to have the opportunity to discuss:

	YES	NO	COMMENTS
1. Concerns about how your child relates to the family			
2. Concerns about your child's future			
3. Concerns about the public's reaction to your child's handicap			
4. Concerns about how your life will change or has changed			
5. Other			

APPENDIX D

SUPPORTING EXTENDED FAMILY MEMBERS
(SEFAM) ASSESSMENT MATRIX

Experimental Education Unit, WJ-10
Child Development and Mental Retardation Center
and College of Education
University of Washington
Seattle, WA 98195

	Father Domains									Mother Domains					Sibling Domains	
SEFAM Family Measures	Father's Role/Satisfaction	Child's Behaviors	Father/Child Interaction	Father's Knowledge of Community Resources	Father's Stress Level	Father's Depression Level	Father's Knowledge of Child Development	Father's Support Systems		Mother's Role/Satisfaction	Mother's Stress Level	Mother's Depression Level	Mother's Support Systems		Sibling's Stress Level	Sibling's Depression Level
Beck Depression Inventory						X						X				
Family Environment Scale					X			X			X		X			
Inventory of Parent's Experiences	X							X		X			X			
Questionnaire on Resources & Stress - Revised		X			X	X					X	X			X	X
Parent Needs Inventory				X	X	X	X	X								
Parent's Role Scale	X									X						
Teaching Scale		X	X													
Individualizing Parent Involvement				X												
Demographic Information Form																

SEFAM Staff:
Dr. Rebecca R. Fewell, Project Director
Donald J. Meyer, Coordinator
Greg Schell, Family Educator
Patricia F. Vadasy, Materials Specialist

October 198

Supporting Extended Family Members (SEFAM)

A Handicapped Children's Early Education Program (HCEEP) Project
Experimental Education Unit WJ-10, Child Development and Mental
Retardation Center, University of Washington 98195
(206) 543-4011

SEFAM Staff:
Dr. Rebecca R. Fewell, Project Director
Donald J. Meyer, Project Coordinator
Greg Schell, Family Educator
Patricia F. Vadasy, Materials Developer

Family Measures Being Used by the SEFAM Project

1983

The SEFAM program has taken an ecological approach to providing services for the handicapped young child and the child's family by involving fathers, siblings, and other extended family members who have been traditionally viewed as playing minor roles in the child's care and development. The program is designed with the child's entire family milieu in mind, and will involve fathers, siblings, grandparents, and other family members in activities in succeeding program years.

In order to determine the effectiveness of our program, SEFAM's evaluation plan must have an ecological focus, and therefore includes assessments of the family unit in natural settings, as well as measures of family social interactions. SEFAM staff, together with the program's consultant, Dr. Mark Greenberg, selected a battery of instruments to evaluate longitudinal changes in the family's stress and coping. Two concerns guided our selections. First, we wanted to extend the scope of our evaluation beyond the mother-child or father-child dyad. Second, we wanted to avoid the negative bias that has led many researchers to focus on family pathology rather than family strengths. We wanted a model that would enable us to identify resources that help families adapt and cope effectively after the birth of a handicapped child. The measures we selected enable us to focus on four areas of family strengths described in the Folkman, Schaefer, and Lazarus (1979) model of coping: Health/energy/morale; social networks; utilitarian resources; and general/specific beliefs about ability to cope.

The following matrix shows the instruments we are using to assess these family domains.

	Health Energy Morale	Social Networks	Utilitarian Resources	General/Specific Beliefs about Coping
Beck Depression Inventory	X			
Parent Needs Inventory		X		
Questionnaire on Resources and Stress-Revised				X
Inventory of Parents' Experiences	X	X	X	
Family Environment Scale		X		
SEFAM Demographic Form			X	

In addition to these six measures, we are using several measures of family interactions and home environments. The Teaching Scale is being used to record observations of father-child interactions during a teaching task. The Parent's Role Scale is being used to record each parent's responsibilities for child care and home tasks and their satisfaction with their current arrangement.

A total of nine measures are administered to SEFAM fathers, both prior to intervention, and on a yearly schedule thereafter. Mothers are also asked to complete the Inventory of Parents' Experiences, the Beck Depression Inventory, the Family Environment Scale, the Questionnaire on Resources and Stress-Revised, and the Parent's Role Scale. SEFAM staff will be adapting appropriate instruments for use with extended family members during the 1982-1984 program years.

Each instrument is described briefly below, with reliability and validity data reported when available. We hope that this information will be useful to others who are seeking to evaluate the effects of families' involvement in early intervention programs for handicapped young children.

1) Beck Inventory (short form)

Reference- Beck. A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. An inventory for measuring depression. Archives of General Psychiatry, 1961, 4, 561-571.

Method- Self-administered questionnaire

Variable- Parent's depression

Description- The short form of the Beck Inventory consists of thirteen groups of statements describing the individual's present depression level. Subjects select the statement that best describes their feelings of sadness, pessimism, failure, dissatisfaction, guilt, disappointment, self-destructiveness, interest in others, decisiveness, self-esteem, self-motivation, fatigue, and appetite. The original instrument is composed of 21 categories of symptoms and attitudes.

Reliability/Validity Estimates- Internal consistency was evaluated by analyzing the scores of two samples of 226 and 183 consecutively admitted clinic and hospital psychiatric patients. The Kruskal-Wallis Non-Parametric Analysis of Variance was used to compare scores for each of the 21 categories to the total scores for each individual. All relationships to the total score were significant beyond the 0.001 level except the weight loss category (0.01 level of significance). The split-half reliability coefficient was .86 using the Pearson r, and .93 with a Spearman-Brown correction. Use of the Mann-Whitney U test to determine the Inventory's power to discriminate between depth of depression categories revealed significant (p 0.0004) differences between all adjacent categories except between the moderate and severe categories, where the differences had respective p-values of 0.1 and 0.02 with the two samples. Correlations between Inventory scores and clinician ratings were .65 and .67 (p 0.01), demonstrating the instrument's validity (Beck et al., 1961).

2) Family Environment Scale (short form)

Reference- Moos, R. H. Family Environment Scale and Preliminary Manual, 1974. Available from Consulting Psychologists Press, 577 College Ave., Palo Alto, CA, 94305.

Method- Self-administered questionnaire

Variable- Family support systems

Description- A 40-item version of a 90-item true-false list of statements. Parents must decide whether statements are true or false for most family members. Provides information on family relationships (e.g., family members help one another, fight frequently) personal growth and social activities (e.g., family members are encouraged to be independent, attend concerts, entertain friends) and systems maintenance, including religious support (e.g., family members say prayers, attend church, confide in each other). The FES items fall into 10 subscales: cohesion, expressiveness, conflict, independence, achievement orientation, intellectual-cultural orientation, active-recreational orientation, moral-religious emphasis, organization, and control.

Reliability/Validity Estimates- Moos and Moos (1976) report internal consistency for the 10 subscales ranging from .64 to .79, 8-week test-retest reliability ranging from .68 to .86, and average subscale intercorrelations around .20. When the instrument was administered to a diverse sample of 100 families, cluster analysis of FES scores revealed 6 distinct family types: expression oriented, structure oriented, independence oriented, achievement oriented, moral/religious oriented, and conflict oriented.

Additional References- Moos, R., & Moos, B. Families. In R. H. Moos (Ed.), Evaluating correctional and community settings. New York: Wiley, 1975.

Moos, R. H., & Moos, B. S. A typology of family social environments. Family Process, 1976, 15 (4), 357-371.

3) Individualizing Parent Involvement

Reference- Meyer, D., & Schell, G. Individualizing Parent Involvement.

Unpublished instrument. University of Washington, Experimental Education Unit, Seattle, WA. 1981.

Method- Questionnaire

Variable- Parents' program needs

Description- A questionnaire designed to help plan an intervention program responsive to parents' needs. Parents indicate what kind of information they would like to receive about medical care and community resources and concerns they would like to discuss with other participants.

4) Inventory of Parents' Experiences

Reference- Crnic, K., Ragozin, A., Greenberg, M., & Robinson, N. Inventory of Parents' Experiences. University of Washington, Seattle, WA, 1981.

Method- Can be administered by interviewer or completed by parent in questionnaire form (45 items).

Variable- Parent's support systems

Description - The IPE is a multidimensional measure which consists of 5 separate scales:

1. Demographic questionnaire
2. Satisfaction with parenting scale
   a) Role satisfaction
   b) Pleasure in child
3. General life satisfaction rating
4. Questionnaire on social support
   a) Community support
   b) Friendship support
   c) Intimate support
5. Life experiences survey (life stress)

5) Parent Needs Inventory

Reference- Robinson, L. E., & DeRosa, S. M., Parent Needs Inventory (Revised edition 1980). Parent Consultants, 2011 Hardy Cirle, Austin, TX 78757.

Method- Q-sort (Adapted into 3 self-rating scales by SEFAM staff)

Variable- Parent needs

Description- Professional administers Q-sort requiring parent to respond to three sets of 25 statements each. A first sort represents the parents' present situation and a second sort represents the parent's ideal situation. The three areas of assessment are: the grief process, knowledge of child development, and knowledge of local resources. Each of the three sections of the PNI Q-sort takes about one hour to complete. The PNI should be administered individually to each parent. In order to reduce the amount of time required at the home interview, SEFAM staff have adapted the PNI into a self-rating scale which parents complete at their convenience.

Reliability/Validity Estimate - Reliability of items in relation to the entire inventory was tested by computing the Kuder-Richardson and Hoyt Formula for each section. Scores for each section were: Grief .64, Child Development .83, and Local Resources .87. Test-retest reliability, determined by asking students in a university early childhood development class to categorize the statements twice with a 4-week interval between ratings, showed Pearson's Product Moment Correlations of .64 for Grief, .33 for Child Development, and .47 for Local Resources. The authors report that factor analysis to establish the validity of individual items is underway.

6) Questionnaire on Resources and Stress - Revised

Reference- Holroyd, J. C., Manual for the Questionnaire on Resources and Stress. U.C.L.A. Neuropsychiatric Institute, 760 Westwood Blvd., Los Angeles, CA, 90024, 1973.

Method- Self-administered true-false questionnaire

Variable- Handicapped child's effects on family members.

Description- The original version of the QRS consists of 285 items which are grouped into the following 15 scales:

1. Poor health/mood (11 items)
2. Excess time demands (14)
3. Negative attitude toward index case (23)
4. Overprotection/dependency (13)
5. Lack of social support (10)
6. Overcommitment/martyrdom (7)
7. Pessimism (13)
8. Lack of family integration (23)
9. Limits on family opportunity (9)
10. Financial problems (17)
11. Physical incapacitation (14)
12. Lack of activities for index case (7)
13. Occupational limitations for index case (7)
14. Social obtrusiveness (7)
15. Difficult personality characteristics (32)

Greenberg (1981) has developed a shortened version of the QRS for use with families of young deaf children. This 54-version assesses the following dimensions.

1. Poor health/mood
2. Excess time demands
3. Negative attitude toward index case
4. Overprotection/dependency
5. Lack of social support
6. Overcommitment/martyrdom
7. Lack of family integration
8. Limits on family opportunity
9. Difficult personality characteristics.

This shorter version has been used by staff with the SEFAM participants.

Instrument Use; Reliability/Validity Estimates - Holroyd (1974) has compared questionnaire responses of mothers and fathers; mothers of mentally retarded children and mothers of emotionally disturbed children; and mothers living with a husband and mothers living alone. They found that the QRS scales 7, 11, 13, and 15 differentiated families of severely impaired children, although the scales did not differentiate between families of institutionalized and noninstitutionalized children. Holroyd, Brown, Winkler, and Simmons (1975) also used the instrument to measure stress experienced by parents of institutionalized and non-institutionalized autistic children. Mothers who were solely responsible for child care described themselves as having more demands on their time and fewer opportunities for personal development than married mothers with a husband living in the home. Married mothers also experienced more time demands and fewer opportunities for personal freedom than their husbands. Single mothers experienced even more of these problems as well as more financial problems. A comparison of mothers of

100 autistic, 100 Down syndrome, and 100 outpatient psychiatric clinic children (Holroyd & McArthur, 1976) revealed that the mothers of autistic children reported more stress than mothers in the other two groups. The mothers of autistic children experienced more stress in the areas reflected on Scales 3, 4, 8, 11, 12, 13, and 15.

The QRS has also been administered to the parents of multiply handicapped children evaluated at the Child Study Center at George Peabody College, Nashville, Tennessee (Demars, 1976). Nine of the scales for which split-half (odd-even) reliability coefficients greater than .65 were obtained (scales 1, 2, 3, 7, 8, 9, 10, 11, 15) were completed by 19 parents of severely handicapped children and by 13 parents of mildly handicapped children. Parents of severely handicapped children showed significantly higher stress on five of the nine scales. They had more financial problems and more family integration and support problems than parents of the mildly handicapped. A comparison of a subgroup group of 9 parents of deaf-blind children and 9 parents of visually-impaired children showed no signficiant difference in the amount or type of stress related to the additional hearing impairment.

Beckman-Bell (1980) has used the Holroyd instrument to determine specific characteristics of handicapped infants that were related to the amount of stress reported by their mothers. She found that the child's additional or unusual caregiving demands, social responsiveness, and self-stimulatory behaviors best predicted the amount of stress the mothers reported, and that the caregiving demands alone accounted for 66% of the variance in the amount of stress reported.

Additional References- Beckman-Bell, P. *Characteristics of handicapped infants: A study of the relationship between child characteristics and stress as reported by mothers.* Unpublished doctoral dissertation, University of North Carolina, 1980.

Demars, S. G. "Stress in parents of multiply handicapped children," Master's thesis, George Peabody College for Teachers, 1976.

Greenberg, M. T. *Preliminary report #2 of the evaluation of the counseling and home training program for deaf children, Vancouver, B.C.* (Technical Report: No. 1981-82 (July 1, 1981).) Seattle, WA: University of Washington, Dept. of Psychology.

Holroyd, J. C., The questionnaire on resources and stress: An instrument to measure family response to a handicapped family member. *Journal of Community Psychology*, 1974, *2*, 92-94.

Holroyd, J., Brown, N., Winkler, L., & Simmons, J. Q. Stress in families of institutionalized and non-institutionalized autistic children. *Journal of Community Psychology*, 1975, *3*, 26-31.

Holroyd, J., & McArthur, D. Mental retardation and stress on the parents: A contrast between Down's syndrome and childhood autism. *American Journal of Mental Deficiency*, 1976, *80*(4), 431-436.

7) Teaching Scale

Reference- Teaching Scale. (Birth to Three Years) Nursing Child Assessment Training (NCAST), University of Washington School of Nursing, Seattle, WA 98195.

Method- Observation checklist of teaching task.

Variable- Parent-child interaction

Description- Observer notes presence of parent-child behaviors during a teaching task. Areas of observation include: parent's sensitivity to infant's cues; parent's response to infant's distress; parent's fostering of infant's social-emotional growth; parent's fostering of child's cognitive growth; child's clarity of cues; and child's responsiveness to parent. Examples of observations in each category are: parent praises child's success; parent does not yell at child; parent laughs or smiles at child during teaching; parent verbally praises child after child is successful; child vocalizes during teaching; child smiles after parent's vocalization.

8) Parent's Role Scale

Reference- Gallagher, J. J., Cross, A., & Scharfman, W. Parental adaptation to a young handicapped child: The father's role. *Journal of the Division for Early Childhood*, 1981, *3*, 3-14.

Description- The Family Role Scale was developed by James Gallagher and Arthur Cross in their study of parental stress, social supports, and parental role function and satisfaction (Gallagher, Cross, & Scharfman, 1981). Their scale measured the degree to which a parent is involved in 20 family roles. The scale was adapted by SEFAM staff.

Beck Inventory — Beck, A.T., Ward, C.H., Mendelson, M.,
Mock, J, & Erbaugh, J., 1961

Instructions: This is a questionnaire. On the questionnaire are groups of statements. Please read the entire group of statements in each category. Then pick out the one statement in that group which best describes the way you feel today, that is, right now. Circle the number beside the statement you have chosen. If several statements in the group seem to apply equally well, circle each one.

Be sure to read all the statements in each group before making your choice.

1.
0 I do not feel sad
1 I feel sad or blue
2 I am blue or sad all the time and I can't snap out of it
3 I am so sad or unhappy that I can't stand it

2.
0 I am not particularly pessimistic or discouraged about the future
1 I feel discouraged about the future
2 I feel I have nothing to look forward to
3 I feel that the future is hopeless and that things cannot improve

3.
0 I do not feel like a failure
1 I feel I have failed more than the average person
2 As I look back on my life, all I can see is a lot of failures
3 I feel I am a complete failure as a person (son, daughter)

4.
0 I am not particularly dissatisfied
1 I don't enjoy things the way I used to
2 I don't get satisfaction out of anything anymore
3 I am dissatisfied with everything

5.
0 I don't feel particularly guilty
1 I feel bad or unworthy a good part of the time
2 I feel quite guilty
3 I feel as though I am very bad or worthless

6.
0 I don't feel disappointed in myself
1 I am disappointed in myself
2 I am disgusted with myself
3 I hate myself

7.
0 I don't have any thoughts of harming myself
1 I feel I would be better off dead
2 I have definite plans about committing suicide
3 I would kill myself if I had the chance

8.
0 I have not lost interest in other people
1 I am less interested in other people than I used to be
2 I have lost most of my interest in other people and have little feeling for them
3 I have lost all of my interest in other people and don't care about them at all

-over-

9.

0 I make decisions about as well as ever
1 I try to put off making decisions
2 I have great difficulty in making decisions
3 I can't make any decisions at all any more

10.

0 I don't feel I look any worse than I used to
1 I am worried that I am looking unattractive
2 I feel that there are permanent changes in my appearance and they make me look unattractive
3 I feel that I am ugly

11.

0 I can work about as well as before
1 It takes extra effort to get started at doing something
2 I have to push myself very hard to do anything
3 I can't do any work at all

12.

0 I don't get any more tired than usual
1 I get tired more easily than I used to
2 I get tired from doing anything
3 I get too tired to do anything

13.

0 My appetite is no worse than usual
1 My appetite is not as good as it used to be
2. My appetite is much worse now
3 I have no appetite at all any more

Family Environment Scale

Moos, R.H., 1974

There are 40 statements below. They are statements about families. You are to decide which of these statements are true of your family and which are false. If you think the statement is True or mostly True about your family, circle the T. If you think the statement is False or mostly False about your family, circle the F.

You may feel that some of the statements are true for some family members and false for others. Circle T if the statement is true for most members. Circle F if the statement is false for most members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly.

Remember, we would like to know what your family seems like to you. So do not try to figure out how other members see your family, but do give us your general impression of your family for each statement.

1. Family members really help and support one another. T F
2. Family members often keep their feelings to themselves. T F
3. We fight a lot in our family. T F
4. We don't do things on our own very often in our family. T F
5. We feel it is important to be the best at whatever you do. T F
6. We often talk about political and social problems. T F
7. We spend most weekends and evenings at home. T F
8. Family members attend church, synagogue, or Sunday School fairly often. T F
9. Activities in our family are pretty carefully planned. T F
10. Family members are rarely ordered around. T F
11. We often seem to be killing time at home. T F
12. We say anything we want to around home. T F
13. Family members rarely become openly angry. T F
14. In our family, we are strongly encouraged to be independent. T F
15. Getting ahead in life is very important in our family. T F
16. We rarely go to lectures, plays or concerts. T F
17. Friends often come over for dinner or to visit. T F
18. We don't say prayers in our family. T F
19. We are generally very neat and orderly. T F
20. There are very few rules to follow in our family. T F

-over-

21. We put a lot of energy into what we do at home. T F

22. It's hard to "blow off steam" at home without upsetting somebody. T F

23. Family members sometimes get so angry they throw things. T F

24. We think things out for ourselves in our family. T F

25. How much money a person makes is not very important to us. T F

26. Learning about new and different things is very important in our family. T F

27. Nobody in our family is active in sports, Little League, bowling, etc. T F

28. We often talk about the religious meaning of Christmas, Passover, or other holidays. T F

29. It's often hard to find things when you need them in our household. T F

30. There is one family member who makes most of the decisions. T F

31. There is a feeling of togetherness in our family. T F

32. We tell each other about our personal problems. T F

33. Family members hardly ever lose their tempers. T F

34. We come and go as we want to in our family. T F

35. We believe in competition and "may the best man win." T F

36. We are not that interested in cultural activities. T F

37. We often go to movies, sports events, camping, etc. T F

38. We don't believe in heaven or hell. T F

39. Being on time is very important in our family. T F

40. There are set ways of doing things at home. T F

University of Washington

Crnic, K., Ragozin, A., Greenberg,
M., & Robinson, N. 1981.

INVENTORY OF PARENT'S EXPERIENCES

Below are questions about you, your child, and the rest of your family. We would like to know how all of you are getting on these days.

In the questions, "child" or "________" always refers to your preschool child, not to any other children. For each question, please circle or fill in the answer which best describes your situation. Feel free to add comments.

Parenting

1. How many medically-related professional persons (nurses, doctors, audiologis. etc.) could you talk to about your child?

   1. 0-1 person
   2. 2 people
   3. 3-4 people
   4. 5-8 people
   5. More than 8 people
   7. Other (please explain____

   ____

2. How satisfied are you with this situation?

   1. Very dissatisfied (I wish things were very different).
   2. Somewhat dissatisfied (I would like some changes).
   3. Somewhat satisfied (Ok for now: pretty good)
   4. Very satisfied (I'm really pleased)
   7. Other (please explain)____

   ____

3. How many educationally-related professional persons (counselors, teachers, etc

   1. 0-1 person
   2. 2 people
   3. 3-4 people
   4. 5-8 people
   5. More than 8 people
   7. Other (please explain____

   ____

4. How satisfied are you with this situation?

   1. Very dissatisfied. (I wish things were very different).
   2. Somewhat dissatisfied. (I would like some changes).
   3. Somewhat satisfied. (Okay for now: pretty good).
   4. Very satisfied. (I'm really pleased).
   7. Other (please explain)____

   ____

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5. If sometime you were to have bad or angry feelings about your child, how many people do you talk to about this?
   1. 0-1 person
   2. 2 people
   3. 3-4 people
   4. 5-6 people
   5. More than 6 people
   7. Other (please explain)____________________

   ____

6. When you feel this way, do you go to:

A.	Spouse	Yes	No
B.	Relatives	Yes	No
C.	Friends	Yes	No
D.	Professonals	Yes	No

7. How satisfied are you with the availability of people like this?
   1. Very dissatisfied (I wish things were very different).
   2. Somewhat dissatisfied (I would like some changes)
   3. Somewhat satisfied (Ok for now: pretty good).
   4. Very satisfied (I'm really pleased).
   7. Other (please explain)____________________

   ____

8. If you were to have a minor problem with your child, how many people (friends or family) would you talk to, whose advice you trust?

   1. 0-1 person
   2. 2 people
   3. 3-4 people
   4. 5-6 people
   5. More than 6 people
   7. Other (please explain)____________________

   ____

9. When you feel this way, do you go to:

A.	Spouse	Yes	No
B.	Relatives	Yes	No
C.	Friends	Yes	No
D.	Professionals	Yes	No

10. How satisfied are you with this situation?

    1. Very dissatisfied (I wish things were very different).
    2. Somewhat dissatisfied (I would like some changes).
    3. Somewhat satisfied (Ok for now: pretty good).
    4. Very satisfied (I'm really pleased)
    7. Other (please explain____________________

    ____

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11. How do you feel about the chores that are part of child's care?
    1. I really don't enjoy that part of having a child.
    2. I mostly don't enjoy those things, but sometimes I do.
    3. It's Ok.
    4. I have mixed feelings--I enjoy some things and I don't enjoy others.
    4. I mostly enjoy those things, but sometimes I don't.
    6. I really enjoy those things--there's nothing I don't like.
    7. Other (please explain)____

    ____

12. Sometimes parents have doubts that they are doing the right things with their children. Do you ever have doubts?

    1. Frequently
    2. Sometimes
    3. Hardly ever, seldom
    4. Never
    7. Other (please explain)____

    ____

13. Many parents have mixed feelings about their children. Do you ever find your child irritating?

    1. Frequently
    2. Sometimes
    3. Hardly ever, seldom
    4. Never
    7. Other (please explain)____

    ____

14. Have you ever been sorry you had the child?

    1. Frequently
    2. Sometimes
    3. Hardly ever, seldom
    4. Never
    7. Other (please explain)____

    ____

15. How much of child's care are you doing yourself?

    1. Someone else does most of it.
    2. The work is shared equally.
    3. I get a good deal of help (I do about 60-75% myself).
    4. I get a little help (I do about 80-90% myself).
    5. I do everything myself (95-100%)
    7. Other (please explain)____

    ____

16. How satisfied are you with the amount of child care you are doing?
    1. Very dissatisfied (I wish things were very different).
    2. Somewhat dissatisfied (I would like some changes).
    3. Somewhat satisfied (Ok for now: pretty good)
    4. Very satisfied (I'm really pleased)
    7. Other (please explain)______________________________

____

17. How much of the housework and/or care of other children are you doing yours

    1. Someone else does most of it.
    2. The work is shared equally.
    3. I get a good deal of help (I do about 60-75% myself).
    4. I get a little help (I do about 80-90% myself).
    5. I do everything myself (95-100%).
    7. Other (please explain)______________________________

____

18. How satisfied are you with this amount of household responsibility?

    1. Very dissatisfied (I wish things were very different).
    2. Somewhat dissatisfied (I would like some changes).
    3. Somewhat satisfied (Ok for now: pretty good)
    4. Very satisfied (I'm really pleased)
    7. Other (please explain)______________________________

____

19. How much time do you get for yourself each day? Do not count time working, sleeping, or in school.

    1. None or less than 1/2 hour.
    2. Between 1/2 and 1 hour.
    3. 1 1/2 to 3 hours.
    4. 3 1/2 to 5 hours.
    5. More than 5 hours.
    7. Other (please explain)______________________________

____

20. How satisfied are you with the amount of time you get to yourself?

    1. Very dissatisfied (I wish things were very different).
    2. Somewhat dissatisfied (I would like some changes).
    3. Somewhat satisfied (Ok for now: pretty good).
    4. Very satisfield (I'm really pleased).
    7. Other (please explain)______________________________

____

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21. About how much time were you away from child in the past two weeks, for for social reasons (for example, going to movies or sporting events, visiting friends).

1. None at all or less than 1 hour.
2. Between 1 and 3 hours.
3. 4 to 9 hours.
4. 10 to 25 hours.
5. More than 25 hours.
7. Other (please explain)____________________

____

22. How satisfied are you with the amount of time you were away?

1. Very dissatisfied (wish things were very different).
2. Somewhat dissatisfied (I would like some changes).
3. Somewhat satisfied (I'm really pleased).
4. Very satisfied (I'm really pleased).
7. Other (please explain)____________________

____

23. These days, what are your overall feelings toward your child?

____

____

____

24. Do you have a general desire for more people to talk to about your child?

1. No.
2. Yes, but I don't want to burden anyone with my problems.
3. Yes, but I don't know where to go or who to talk to.
4. Yes, but I do not feel aggressive enough to go out and find them, I would rather be approached by groups or individuals.
7. Other (please explain)____________________

____

25. Briefly describe yourself as a father.

____

____

____

General Life Situation

26. How involved are you in your neighborhood?

    1. Not at all.
    2. Somewhat.
    3. Very involved.
    7. Other (please explain)______________________________

    ____

27. How satisfied are you with this situation?

    1. Very dissatisfied (I wish things were very different).
    2. Somewhat dissatisfied (I would like some changes).
    3. Somewhat satisfied (Ok for now: pretty good).
    4. Very satisfied (I'm really pleased).
    7. Other (please explain)______________________________

    ____

28. Are there any organized groups that are a source of support for you? If any, please specify (Parent groups, recreation groups, etc.)

    1. None.
    2. Some.
    3. Many.
    7. Other (please explain)______________________________

    ____

29. How satisfied are you with this situation?

    1. Very dissatisfied (I wish things were very different).
    2. Somewhat dissatisfied (I would like some changes).
    3. Somewhat satisfied (Ok for now: pretty good).
    4. Very satisfied (I'm really pleased).
    7. Other (please explain)______________________________

    ____

30. Are you involved in an organized religion (Protestant, Catholic, etc.) that is a source of support for you?

    1. Not at all.
    2. Somewhat.
    3. Very involved.
    7. Other (please explain)______________________________

    ____

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31. How satisfied are you with this situation?

1. Very dissatisfied (I wish things were very different).
2. Somewhat dissatisfied (I would like some changes).
3. Somewhat satisfied (Ok for now; pretty good).
4. Very satisfied (I'm really pleased).
7. Other (please explain)____

____

32. Think of a typical day this past week. About how many times did you talk on the phone with your friends or family?

1. No talks.
2. 1 talk.
3. 2-3 talks.
4. 4-7 talks.
5. More than 7 talks.
7. Other (please explain)____

____

33. How satisfied are you with this amount of phone visiting?

1. Very dissatisfied (I wish things were very different).
2. Somewhat dissatisfied (I would like some changes).
3. Somewhat satisfied (Ok for now; pretty good).
4. Very satisfied (I'm really pleased).
7. Other (please explain)____

____

34. If you were to become upset or angry, would you have someone to talk honestly to, who is not involved? How many people?

1. No people.
2. 1 person.
3. 2 people.
4. 3-4 people.
5. More than 4 people.
7. Other (please explain)____

____

35. When you feel this way, do you go to:

A.	Spouse	Yes	No
B.	Relatives	Yes	No
C.	Friends	Yes	No
D.	Professionals	Yes	No

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36. How satisfied are you with this situation?

1. Very dissatisfied (I wish things were very different).
2. Somewhat dissatisfied (I would like some changes).
3. Somewhat satisfied (Ok for now; pretty good)
4. Very satisfied (I'm really pleased).
7. Other (please explain)____

____

37. When you are happy, is there someone you can share it with -- someone who will be happy just because you are?

1. No.
2. Yes.
7. Other (please explain)____

____

38. When you feel this way, do you go to:

A. Spouse Yes No
B. Relatives Yes No
C. Friends Yes No
D. Professionals Yes No

39. How satisfied are you with this situation?

1. Very dissatisfied (I wish things were very different).
2. Somewhat dissatisfied (I would like some changes).
3. Somewhat satisfied (Ok for now; pretty good).
4. Very satisfied (I'm really pleased).
7. Other (please explain)____

____

40. Do you expect your relationship with your spouse to continue?

1. I don't expect the relationship to last.
2. I feel the relationship probably will last.
3. I feel the relationship definitely will last.
7. Other (please explain)____

____

41. How satisfied are you with this situation?

1. Very dissatisfied (I wish things were very different).
2. Somewhat dissatisfied (I would like some changes).
3. Somewhat satisfied (Ok for now; pretty good).
4. Very satisfied (I'm really pleased).
7. Other (please explain)____

____

42. At present, do you have someone you can share your most private feelings with?

1. No.
2. Yes.
-7. Other (please explain)____

____

43. Who is this person or who are these people?

____

____

44. How satisfied are you with this situation?

1. Very dissatisfied (I wish things were very different).
2. Somewhat dissatisfied (I would like some changes).
3. Somewhat satisfied (Ok for now: pretty good)
4. Very satisfied (I'm really pleased)
7. Other (please explain)______________________________

____

45. When you take everything into consideration -- the child, your adult life, etc., -- how would you describe your current life situation?

1. Things are very bad right now.
2. Things are fairly bad right now.
3. Things are Ok -- not bad and not good.
4. Things are fairly good.
5. Things are very good.
7. Other (please explain)______________________________

____

****

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QRS-R

Holroyd, 1973
(Modified by Greenberg, 1981)

This questionnaire deals with your feelings about a child in your family. There are many blanks on the questionnaire. Imagine the child's name filled in on each blank. Give your honest feelings and opinions. Please answer all of the questions, even if they do not seem to apply. If it is difficult to decide True (T) or False (F), answer in terms of what you or your family feel or do most of the time. Sometimes the questions refer to problems your family member does not have. Nevertheless, they can be answered True or False, even then. Please begin. Remember to answer all of the questions.

1. ________ doesn't communicate with others of his/her age group. T F
2. Other members of the family have to do without things because of __________. T F
3. Our family agrees on important matters. T F
4. I worry about what will happen to ________ when I can no longer take care of him/her. T F
5. The constant demands for care for ________ limit growth and development of someone else in our family. T F
6. ________ is limited in the kind of work he/she can do to make a living. T F
7. I have accepted the fact that ________ might have to live out his/her life in some special setting (i.e., institution or group home). T F
8. ________ can feed himself/herself. T F

9. I have given up things I have really wanted to do in order to care for __________. T F

10. ____________ is able to fit into the family social group. T F

11. Sometimes I avoid taking ___________ out in public. T F

12. In the future, our family's social life will suffer because of increased responsibilities and financial pressure. T F

13. It bothers me that __________ will always be this way. T F

14. I feel tense whenever I take __________ out in public. T F

15. I can go visit with friends whenever I want. T F

16. Taking __________ on a vacation spoils pleasure for the whole family. T F

17. ___________ knows his/her own address. T F

18. The family does as many things together now as we ever did. T F

19. ___________ is aware who he/she is. T F

20. I get upset with the way my life is going. T F

21. Sometimes I feel very embarrassed because of ___________. T F

22. ___________ doesn't do as much as he/she should be able to do. T F

23. It is difficult to communicate with _____________ because he/she has difficulty understanding what is being said to him/her. T F

24. There are many places where we can enjoy ourselves as a family when ___________ comes along. T F

25. ___________ is over-protected. T F

26. ___________ is able to take part in games or sports. T F

27. ___________ has too much time on his/her hands. T F

28. I am disappointed that _________ does not lead a normal life. T F

29. Time drags for __________, especially free time. T F

30. __________ can't pay attention very long. T F

31. __________ needs help in the bathroom. T F

32. It is easy for me to relax. T F

33. I worry about what will be done with __________ when he/she gets older. T F

34. I get almost too tired to enjoy myself. T F

35. One of the things I appreciate about __________ is his/her confidence. T F

36. There is a lot of anger and resentment in our family. T F

37. __________ is able to go to the bathroom alone. T F

38. __________ cannot remember what he/she says from one moment to the next. T F

39. __________ can describe himself/herself as a person. T F

40. __________ can ride a bus. T F

41. It is easy to communicate with __________. T F

42. The constant demands to care for __________ limit my growth and development. T F

43. __________ accepts himself/herself as a person.

44. I feel sad when I think of __________. T F

45. I often worry about what will happen to __________ when I no longer can take care of him/her. T F

46. People can't understand what __________ tries to say. T F

47. Caring for __________ puts a strain on me. T F

48. Members of our family get to do the same kinds of things other families do. T F

49. ____________ will always be a problem to us. T F

50. ____________ is able to express his/her feelings to others. T F

51. ____________ has to use a bedpan or a diaper. T F

52. I rarely feel blue. T F

53. I am worried much of the time. T F

54. ____________ can walk without help. T F

Parent Needs Inventory

Robinson & DeRosa, 1980, modified by Fewell, Meyer, Schell, & Vadasy, 1981. (Blue CD)

This inventory will help determine parent's areas of greatest concern. The statements on this page reflect feelings that most parents of handicapped children experience at some time and to some degree. Please circle the number that most accurately feflects your feelings right now.

	this statement sounds:	most like me 1	very much like me 2	like me 3	a little like me 4	undecided 5	a little unlike me 6	unlike me 7	very much unlike me 8	most unlike me 9
1.	I don't understand what doctors try to tell me.	1	2	3	4	5	6	7	8	9
2.	I worry that my child will not be ready for school.	1	2	3	4	5	6	7	8	9
3.	I feel that my child's feelings are different from those of other children.	1	2	3	4	5	6	7	8	9
4.	I feel that parents cause a child's bad behavior.	1	2	3	4	5	6	7	8	9
5.	I feel that handicapped children misbehave more than other children.	1	2	3	4	5	6	7	8	9
6.	I feel that my child doesn't get along with children his/her own age.	1	2	3	4	5	6	7	8	9
7.	I feel that my child's physical abilities are different from other children's.	1	2	3	4	5	6	7	8	9
8.	I feel that doctors need to be more understanding when talking with parents about their handicapped child.	1	2	3	4	5	6	7	8	9
9.	I feel that punishment is the best way to correct bad behavior.	1	2	3	4	5	6	7	8	9
0.	I wish I knew what children my child's age should be learning.	1	2	3	4	5	6	7	8	9
1.	I feel that my child seems to be unhappy a lot.	1	2	3	4	5	6	7	8	9
2.	I feel that most physical problems can be cured through treatment.	1	2	3	4	5	6	7	8	9
3.	I feel that I know the effects of the medicine my child takes.	1	2	3	4	5	6	7	8	9
4.	I feel that physical problems can cause emotional and learning problems.	1	2	3	4	5	6	7	8	9
5.	I need to know more about physical growth and development.	1	2	3	4	5	6	7	8	9
6.	I feel that I know how poor health affects my child's behavior.	1	2	3	4	5	6	7	8	9
7.	I worry about my child not learning as fast as other children.	1	2	3	4	5	6	7	8	9
8.	I feel that my child is smart in some things and slow in others.	1	2	3	4	5	6	7	8	9
9.	I wish that I could better understand the feelings of my child.	1	2	3	4	5	6	7	8	9
0.	I hope I am doing the right things to help my child learn.	1	2	3	4	5	6	7	8	9
1.	I feel that my child can't control his feelings.	1	2	3	4	5	6	7	8	9
2.	My child seems physically different.	1	2	3	4	5	6	7	8	9
3.	I feel that doctors have given wrong answers about my handicapped child.	1	2	3	4	5	6	7	8	9
4.	I feel that children act the way they do because of their age.	1	2	3	4	5	6	7	8	9
5.	I think I know better than anyone else how my child is feeling.	1	2	3	4	5	6	7	8	9

Please turn the form over and fill out the other side

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Parent Needs Inventory 1981

This inventory will help determine parent's areas of greatest concern. The statements on this page reflect feelings that most parents of handicapped children experience at some time and to some degree. Please circle the number that most accurately feflects your feelings right now.

this statement sounds:	most like me 1	very much like me 2	like me 3	a little like me 4	undecided 5	a little unlike me 6	unlike me 7	very much unlike me 8	most unlike me 9
1. If I had the money for a lawyer, I would sue the people who run my child's program.	1	2	3	4	5	6	7	8	9
2. I feel a need to get out more.	1	2	3	4	5	6	7	8	9
3. I feel there needs to be help with big medical bills.	1	2	3	4	5	6	7	8	9
4. I feel there needs to be help to buy special things such as eyeglasses and wheelchairs.	1	2	3	4	5	6	7	8	9
5. I feel some agencies treat me unfairly.	1	2	3	4	5	6	7	8	9
6. I wonder what would happen to my child if I die.	1	2	3	4	5	6	7	8	9
7. There are not many fun things for handicapped children to do.	1	2	3	4	5	6	7	8	9
8. There are many things our family doesn't do because our handicapped child wouldn't enjoy them.	1	2	3	4	5	6	7	8	9
9. I would like to go back to school.	1	2	3	4	5	6	7	8	9
0. I feel that agencies I go to for help give me the "run-around".	1	2	3	4	5	6	7	8	9
1. I don't know how to get the services that my child needs.	1	2	3	4	5	6	7	8	9
2. It is hard to get a babysitter for handicapped children.	1	2	3	4	5	6	7	8	9
3. I feel that money problems cause a lot of family troubles.	1	2	3	4	5	6	7	8	9
4. I feel no one really knows how I feel.	1	2	3	4	5	6	7	8	9
5. My husband/wife and I never have any time away from our kids.	1	2	3	4	5	6	7	8	9
6. I would like to take some classes so I could get a better job.	1	2	3	4	5	6	7	8	9
7. I would like to teach children with handicaps.	1	2	3	4	5	6	7	8	9
8. I would like to know about the rights of the handicapped.	1	2	3	4	5	6	7	8	9
9. I would like to take some classes just for fun.	1	2	3	4	5	6	7	8	9
0. I would like to go to meetings to learn about the handicapped.	1	2	3	4	5	6	7	8	9
1. Our family trouble often comes from having a handicapped child.	1	2	3	4	5	6	7	8	9
2. I feel helpless when I can't pay the bills caused by my child's handicap.	1	2	3	4	5	6	7	8	9
3. I can't stand to hear my child cry.	1	2	3	4	5	6	7	8	9
4. I think I am being punished by my child's handicap.	1	2	3	4	5	6	7	8	9
5. I feel some people may blame me for having a handicapped child.	1	2	3	4	5	6	7	8	9

Please turn the form over and fill out the other side

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Parent Needs Inventory

This inventory will help determine parent's areas of greatest concern. The statements on this page reflect feelings that most parents of handicapped children experience at some time and to some degree. Please circle the number that most accurately reflects your feelings right now.

	this statement sounds:	most like me	very much like me	like me	a little like me	undecided	a little unlike me	unlike me	very much unlike me	most unlike me
		1	2	3	4	5	6	7	8	9
1.	I feel lost and alone in dealing with my child's problems.	1	2	3	4	5	6	7	8	9
2.	I feel my child's handicap could have been prevented.	1	2	3	4	5	6	7	8	9
3.	I feel there must be a purpose for my child's handicap.	1	2	3	4	5	6	7	8	9
4.	I feel someone else is to blame for my child's handicap.	1	2	3	4	5	6	7	8	9
5.	I take my handicapped child anywhere I would take any other child.	1	2	3	4	5	6	7	8	9
6.	I feel that there is a time to stop grieving over things that cannot be changed.	1	2	3	4	5	6	7	8	9
7.	I feel something bad may happen if I am not with my child.	1	2	3	4	5	6	7	8	9
8.	I feel I would change places with my handicapped child if I could.	1	2	3	4	5	6	7	8	9
9.	I feel that it is all right to show anger in front of handicapped children.	1	2	3	4	5	6	7	8	9
10.	I feel my child needs my help more than anyone else's help.	1	2	3	4	5	6	7	8	9
11.	I feel life is a burden.	1	2	3	4	5	6	7	8	9
12.	I don't mind answering questions about my child's handicap.	1	2	3	4	5	6	7	8	9
13.	I feel proud of the gains my handicapped child makes even when the gains are small.	1	2	3	4	5	6	7	8	9
14.	I feel having a handicapped child causes extra stress and arguments.	1	2	3	4	5	6	7	8	9
15.	I feel that I do more than my share of the work in the family.	1	2	3	4	5	6	7	8	9
16.	I think people who have normal children don't have serious problems.	1	2	3	4	5	6	7	8	9
17.	I feel upset when I watch other children my child's age who are not handicapped.	1	2	3	4	5	6	7	8	9
18.	No one else seems to feel as hurt as I am over having a handicapped child.	1	2	3	4	5	6	7	8	9
19.	I do not like to be with my child in public.	1	2	3	4	5	6	7	8	9
20.	I would have behaved differently before my child was born if I had known he/she was going to be handicapped.	1	2	3	4	5	6	7	8	9
21.	I think there may be a cure for my child's problem if only the doctors could find it.	1	2	3	4	5	6	7	8	9
22.	I cry when I think of how my child would have been if he/she had not been handicapped.	1	2	3	4	5	6	7	8	9
23.	I get angry more often than I did before I had a handicapped child.	1	2	3	4	5	6	7	8	9
24.	I don't feel my husband/wife has been supportive of my needs.	1	2	3	4	5	6	7	8	9
25.	I don't feel my husband/wife has been supportive of the needs of our handicapped child.	1	2	3	4	5	6	7	8	9

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Every parent has a notion of the way he or she would like things to be ideally. This time circle the number that reflects how you would like to feel ideally.

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18.	No one else seems to feel as hurt as I am over having a handicapped child.	1	2	3	4	5	6	7	8	9
19.	I do not like to be with my child in public.	1	2	3	4	5	6	7	8	9
20.	I would have behaved differently before my child was born if I had known he/she was going to be handicapped.	1	2	3	4	5	6	7	8	9
21.	I think there may be a cure for my child's problem if only the doctors could find it.	1	2	3	4	5	6	7	8	9
22.	I cry when I think of how my child would have been if he/she had not been handicapped.	1	2	3	4	5	6	7	8	9
23.	I get angry more often than I did before I had a handicapped child.	1	2	3	4	5	6	7	8	9
24.	I don't feel my husband/wife has been supportive of my needs.	1	2	3	4	5	6	7	8	9
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10.	I wish I knew what children my child's age should be learning.	1	2	3	4	5	6	7	8	9
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25.	I think I know better than anyone else how my child is feeling.	1	2	3	4	5	6	7	8	9

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Every parent has a notion of the way he or she would like things to be *ideally*. This time circle the number that reflects how you would like to feel *ideally*.

	1 most like me	2 very much like me	3 like me	4 a little like me	5 undecided	6 a little unlike me	7 unlike me	8 very much unlike me	9 most unlike me
1. If I had the money for a lawyer, I would sue the people who run my child's program.	1	2	3	4	5	6	7	8	9
2. I feel a need to get out more.	1	2	3	4	5	6	7	8	9
3. I feel there needs to be help with big medical bills.	1	2	3	4	5	6	7	8	9
4. I feel there needs to be help to buy special things such as eyeglasses and wheelchairs.	1	2	3	4	5	6	7	8	9
5. I feel some agencies treat me unfairly.	1	2	3	4	5	6	7	8	9
6. I wonder what would happen to my child if I die.	1	2	3	4	5	6	7	8	9
7. There are not many fun things for handicapped children to do.	1	2	3	4	5	6	7	8	9
8. There are many things our family doesn't do because our handicapped child wouldn't enjoy them.	1	2	3	4	5	6	7	8	9
9. I would like to go back to school.	1	2	3	4	5	6	7	8	9
10. I feel that agencies I go to for help give me the "run-around".	1	2	3	4	5	6	7	8	9
11. I don't know how to get the services that my child needs.	1	2	3	4	5	6	7	8	9
12. It is hard to get a babysitter for handicapped children.	1	2	3	4	5	6	7	8	9
13. I feel that money problems cause a lot of family troubles.	1	2	3	4	5	6	7	8	9
14. I feel no one really knows how I feel.	1	2	3	4	5	6	7	8	9
15. My husband/wife and I never have any time away from our kids.	1	2	3	4	5	6	7	8	9
16. I would like to take some classes so I could get a better job.	1	2	3	4	5	6	7	8	9
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20. I would like to go to meetings to learn about the handicapped.	1	2	3	4	5	6	7	8	9
21. Our family trouble often comes from having a handicapped child.	1	2	3	4	5	6	7	8	9
22. I feel helpless when I can't pay the bills caused by my child's handicap.	1	2	3	4	5	6	7	8	9
23. I can't stand to hear my child cry.	1	2	3	4	5	6	7	8	9
24. I think I am being punished by my child's handicap.	1	2	3	4	5	6	7	8	9
25. I feel some people may blame me for having a handicapped child.	1	2	3	4	5	6	7	8	9

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Parent's Role Scale

Adapted from Gallagher, Cross, and Scharfman (1980) by

Fewell, Meyer, Vadasy, and Greenberg (1982)

We are interested in the ways parents' responsibilities are shared within different families. We hope such information will enable us to learn how different families adjust to both the joys and strains of family living.

The jobs listed in this questionnaire are those found in all families regardless of who does them. We would like your opinion as to (A) who does each job in your family, (B) who you would like to do it, and (C) how satisfied you are with the way it is being done now.

Parent's Role Scale

Please circle 1 (one) answer for A, 1 (one) answer for B and 1 (one) answer for C in each question. If someone helps you with a job, please write in that person's relationship to you in the blanks provided.

1. WHO READS TO THE CHILD(REN) OR HELPS THE CHILD(REN) WITH HOMEWORK?

A. WHO DOES THIS NOW?	B. WHO WOULD YOU LIKE TO HAVE DO IT?	C. HOW SATISIFIED ARE YOU WITH THE WAY IT'S BEING DONE NOW?
1. I do it alone.	1. I'd like to do it alone.	1. Very dissatisfied.
2. I do it with help from my spouse.	2. I'd like to have help from my spouse.	2. Somewhat dissatisfied.
3. I share it equally with my spouse.	3. I'd like to share it equally with my spouse.	3. Neither satisfied nor dissatisfied.
4. My spouse does it with help from me.	4. My spouse would do it with help from me.	4. Moderately satisfied.
5. My spouse does it alone.	5. My spouse would do it alone.	5. Very satisfied.

2. WHO REWARDS OR PUNISHES THE CHILD(REN) AS APPROPRIATE?

A. WHO DOES THIS NOW?	B. WHO WOULD YOU LIKE TO HAVE DO IT?	C. HOW SATISIFIED ARE YOU WITH THE WAY IT'S BEING DONE NOW?
1. I do it alone.	1. I'd like to do it alone.	1. Very dissatisfied.
2. I do it with help from my spouse.	2. I'd like to have help from my spouse.	2. Somewhat dissatisfied.
3. I share it equally with my spouse.	3. I'd like to share it equally with my spouse.	3. Neither satisfied nor dissatisfied.
4. My spouse does it with help from me.	4. My spouse would do it with help from me.	4. Moderately satisfied.
5. My spouse does it alone.	5. My spouse would do it alone.	5. Very satisfied.

3. WHO TAKES CARE OF THE CHILD(REN) WHEN THEY ARE SICK OR UPSET?

A. WHO DOES THIS NOW?	B. WHO WOULD YOU LIKE TO HAVE DO IT?	C. HOW SATISIFIED ARE YOU WITH THE WAY IT'S BEING DONE NOW?
1. I do it alone.	1. I'd like to do it alone.	1. Very dissatisfied.
2. I do it with help from my spouse.	2. I'd like to have help from my spouse.	2. Somewhat dissatisfied.
3. I share it equally with my spouse.	3. I'd like to share it equally with my spouse.	3. Neither satisfied nor dissatisfied.
4. My spouse does it with help from me.	4. My spouse would do it with help from me.	4. Moderately satisfied.
5. My spouse does it alone.	5. My spouse would do it alone.	5. Very satisfied.

4. WHO TAKES THE CHILD(REN) PLACES WHEN THEY CAN'T GET THERE THEMSELVES?

A. WHO DOES THIS NOW?	B. WHO WOULD YOU LIKE TO HAVE DO IT?	C. HOW SATISIFIED ARE YOU WITH THE WAY IT'S BEING DONE NOW?
1. I do it alone.	1. I'd like to do it alone.	1. Very dissatisfied.
2. I do it with help from my spouse.	2. I'd like to have help from my spouse.	2. Somewhat dissatisfied.
3. I share it equally with my spouse.	3. I'd like to share it equally with my spouse.	3. Neither satisfied nor dissatisfied.
4. My spouse does it with help from me.	4. My spouse would do it with help from me.	4. Moderately satisfied.
5. My spouse does it alone.	5. My spouse would do it alone.	5. Very satisfied.

5. WHO DECIDES WHERE THE FAMILY'S MONEY WILL BE SPENT?

A. WHO DOES THIS NOW?	B. WHO WOULD YOU LIKE TO HAVE DO IT?	C. HOW SATISIFIED ARE YOU WITH THE WAY IT'S BEING DONE NOW?
1. I do it alone.	1. I'd like to do it alone.	1. Very dissatisfied.
2. I do it with help from my spouse.	2. I'd like to have help from my spouse.	2. Somewhat dissatisfied.
3. I share it equally with my spouse.	3. I'd like to share it equally with my spouse.	3. Neither satisfied nor dissatisfied.
4. My spouse does it with help from me.	4. My spouse would do it with help from me.	4. Moderately satisfied.
5. My spouse does it alone.	5. My spouse would do it alone.	5. Very satisfied.

6. WHO BUYS THE GROCERIES?

A. WHO DOES THIS NOW?	B. WHO WOULD YOU LIKE TO HAVE DO IT?	C. HOW SATISIFIED ARE YOU WITH THE WAY IT'S BEING DONE NOW?
1. I do it alone.	1. I'd like to do it alone.	1. Very dissatisfied.
2. I do it with help from my spouse.	2. I'd like to have help from my spouse.	2. Somewhat dissatisfied.
3. I share it equally with my spouse.	3. I'd like to share it equally with my spouse.	3. Neither satisfied nor dissatisfied.
4. My spouse does it with help from me.	4. My spouse would do it with help from me.	4. Moderately satisfied.
5. My spouse does it alone.	5. My spouse would do it alone.	5. Very satisfied.

7. WHO COOKS THE MEALS FOR THE FAMILY?

A. WHO DOES THIS NOW?	B. WHO WOULD YOU LIKE TO HAVE DO IT?	C. HOW SATISIFIED ARE YOU WITH THE WAY IT'S BEING DONE NOW?
1. I do it alone.	1. I'd like to do it alone.	1. Very dissatisfied.
2. I do it with help from my spouse.	2. I'd like to have help from my spouse.	2. Somewhat dissatisfied.
3. I share it equally with my spouse.	3. I'd like to share it equally with my spouse.	3. Neither satisfied nor dissatisfied.
4. My spouse does it with help from me.	4. My spouse would do it with help from me.	4. Moderately satisfied.
5. My spouse does it alone.	5. My spouse would do it alone.	5. Very satisfied.

8. WHO DEALS WITH ANY OUTSIDE AGENCIES SUCH AS SCHOOL, CHURCH, SOCIAL AND MEDICAL SERVICES, ETC.?

A. WHO DOES THIS NOW?	B. WHO WOULD YOU LIKE TO HAVE DO IT?	C. HOW SATISIFIED ARE YOU WITH THE WAY IT'S BEING DONE NOW?
1. I do it alone.	1. I'd like to do it alone.	1. Very dissatisfied.
2. I do it with help from my spouse.	2. I'd like to have help from my spouse.	2. Somewhat dissatisfied.
3. I share it equally with my spouse.	3. I'd like to share it equally with my spouse.	3. Neither satisfied nor dissatisfied.
4. My spouse does it with help from me.	4. My spouse would do it with help from me.	4. Moderately satisfied.
5. My spouse does it alone.	5. My spouse would do it alone.	5. Very satisfied.

9. WHO KEEPS IN TOUCH WITH NEIGHBORS AND FRIENDS?

A. WHO DOES THIS NOW?	B. WHO WOULD YOU LIKE TO HAVE DO IT?	C. HOW SATISIFIED ARE YOU WITH THE WAY IT'S BEING DONE NOW?
1. I do it alone.	1. I'd like to do it alone.	1. Very dissatisfied.
2. I do it with help from my spouse.	2. I'd like to have help from my spouse.	2. Somewhat dissatisfied.
3. I share it equally with my spouse.	3. I'd like to share it equally with my spouse.	3. Neither satisfied nor dissatisfied.
4. My spouse does it with help from me.	4. My spouse would do it with help from me.	4. Moderately satisfied.
5. My spouse does it alone.	5. My spouse would do it alone.	5. Very satisfied.

10. IN SOME FAMILIES, OTHER PERSONS BESIDES HUSBANDS AND WIVES TAKE PRIMARY RESPONSIBILITIES FOR SOME OF THESE ROLES. IF THIS IS TRUE IN YOUR FAMILY, PLEASE LIST THE ROLES AND WHO WOULD BE THE PARTICIPANT BELOW:

Role	Participant
________________	________________
________________	________________
________________	________________
________________	________________

For the following four questions (#11-14), please provide information on who fills (filled) these roles for all of your children. We have provided space under each question for you to provide information for up to three children. Please use the extra sheets for questions #11-14 if you have more than three children. If some of your children are older, please answer who filled these roles when the children were young.

11. Who is presently responsible for feeding young children in your family and who was responsible for this when your older children were young?

Child's name	A. Who does/did this?	B. Who would you like to have do it/ to have done it?	C. How satisfied are/were you with the way it is/was done?
1.__________	1. I do it alone.	1. I'd like to do/ to have done it alone.	1. Very dissatisfied.
	2. I do it with help from my spouse.	2. I'd like to have/ to have had help from my spouse.	2. Somewhat dissatisfied.
	3. I share it equally with my spouse.	3. I'd like/have liked to share it with my spouse.	3. Neither satisfied nor dissatisfied.
	4. My spouse does it with help from me.	4. My spouse would do it/have done it with help from me.	4. Moderately satisfied. me.
	5. My spouse does it alone.	5.My spouse would do it/have done it alone.	5. Very satisfied.

Child's name	A. Who does/did this?	B. Who would you like to have do it/ to have done it?	C. How satisfied are/were you with the way it is/was done?
2.__________	1. I do it alone.	1. I'd like to do/ to have done it alone.	1. Very dissatisfied.
	2. I do it with help from my spouse.	2. I'd like to have/ to have had help from my spouse.	2. Somewhat dissatisfied.
	3. I share it equally with my spouse.	3. I'd like/have liked to share it with my spouse.	3. Neither satisfied nor dissatisfied.
	4. My spouse does it with help from me.	4. My spouse would do it/have done it with help from me.	4. Moderately satisfied. me.
	5. My spouse does it alone.	5.My spouse would do it/have done it alone.	5. Very satisfied.

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Child's name	A. Who does/did this?	B. Who would you like to have do it/ to have done it?	C. How satisfied are/were you with the way it is/was done?
3.__________	1. I do it alone.	1. I'd like to do/ to have done it alone.	1. Very dissatisfied.
	2. I do it with help from my spouse.	2. I'd like to have/ to have had help from my spouse.	2. Somewhat dissatisfied.
	3. I share it equally with my spouse.	3. I'd like/have liked to share it with my spouse.	3. Neither satisfied nor dissatisfied.
	4. My spouse does it with help from me.	4. My spouse would do it/have done it with help from me.	4. Moderately satisfied. me.
	5. My spouse does it alone.	5.My spouse would do it/have done it alone.	5. Very satisfied.

Please use additional sheet if you have more than 3 children.

12. Who is presently responsible for changing the infant's wet or dirty diapers and who was responsible for this when your older children were young?

Child's name	A. Who does/did this?	B. Who would you like to have do it/ to have done it?	C. How satisfied are/were you with the way it is/was done?
1.__________	1. I do it alone.	1. I'd like to do/ to have done it alone.	1. Very dissatisfied.
	2. I do it with help from my spouse.	2. I'd like to have/ to have had help from my spouse.	2. Somewhat dissatisfied.
	3. I share it equally with my spouse.	3. I'd like/have liked to share it with my spouse.	3. Neither satisfied nor dissatisfied.
	4. My spouse does it with help from me.	4. My spouse would do it/have done it with help from me.	4. Moderately satisfied. me.
	5. My spouse does it alone.	5.My spouse would do it/have done it alone.	5. Very satisfied.

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Child's name	A. Who does/did this?	B. Who would you like to have do it/ to have done it?	C. How satisfied are/were you with the way it is/was done?
2. __________	1. I do it alone.	1. I'd like to do/ to have done it alone.	1. Very dissatisfied.
	2. I do it with help from my spouse.	2. I'd like to have/ to have had help from my spouse.	2. Somewhat dissatisfied.
	3. I share it equally with my spouse.	3. I'd like/have liked to share it with my spouse.	3. Neither satisfied nor dissatisfied.
	4. My spouse does it with help from me.	4. My spouse would do it/have done it with help from me.	4. Moderately satisfied. me.
	5. My spouse does it alone.	5. My spouse would do it/have done it alone.	5. Very satisfied.

Child's name	A. Who does/did this?	B. Who would you like to have do it/ to have done it?	C. How satisfied are/were you with the way it is/was done?
3. __________	1. I do it alone.	1. I'd like to do/ to have done it alone.	1. Very dissatisfied.
	2. I do it with help from my spouse.	2. I'd like to have/ to have had help from my spouse.	2. Somewhat dissatisfied.
	3. I share it equally with my spouse.	3. I'd like/have liked to share it with my spouse.	3. Neither satisfied nor dissatisfied.
	4. My spouse does it with help from me.	4. My spouse would do it/have done it with help from me.	4. Moderately satisfied. me.
	5. My spouse does it alone.	5. My spouse would do it/have done it alone.	5. Very satisfied.

Please use additional sheet if you have more than 3 children.

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13. Who is responsible for giving young children baths and who was responsible for this when your older children were young?

Child's name	A. Who does/did this?	B. Who would you like to have do it/ to have done it?	C. How satisfied are/were you with the way it is/was done?
1.__________	1. I do it alone.	1. I'd like to do/ to have done it alone.	1. Very dissatisfied.
	2. I do it with help from my spouse.	2. I'd like to have/ to have had help from my spouse.	2. Somewhat dissatisfied.
	3. I share it equally with my spouse.	3. I'd like/have liked to share it with my spouse.	3. Neither satisfied nor dissatisfied.
	4. My spouse does it with help from me.	4. My spouse would do it/have done it with help from me.	4. Moderately satisfied. me.
	5. My spouse does it alone.	5.My spouse would do it/have done it alone.	5. Very satisfied.

Child's name	A. Who does/did this?	B. Who would you like to have do it/ to have done it?	C. How satisfied are/were you with the way it is/was done?
2.__________	1. I do it alone.	1. I'd like to do/ to have done it alone.	1. Very dissatisfied.
	2. I do it with help from my spouse.	2. I'd like to have/ to have had help from my spouse.	2. Somewhat dissatisfied.
	3. I share it equally with my spouse.	3. I'd like/have liked to share it with my spouse.	3. Neither satisfied nor dissatisfied.
	4. My spouse does it with help from me.	4. My spouse would do it/have done it with help from me.	4. Moderately satisfied. me.
	5. My spouse does it alone.	5.My spouse would do it/have done it alone.	5. Very satisfied.

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Child's name	A. Who does/did this?	B. Who would you like to have do it/ to have done it?	C. How satisfied are/were you with the way it is/was done?
3.__________	1. I do it alone.	1. I'd like to do/ to have done it alone.	1. Very dissatisfied.
	2. I do it with help from my spouse.	2. I'd like to have/ to have had help from my spouse.	2. Somewhat dissatisfied.
	3. I share it equally with my spouse.	3. I'd like/have liked to share it with my spouse.	3. Neither satisfied nor dissatisfied.
	4. My spouse does it with help from me.	4. My spouse would do it/have done it with help from me.	4. Moderately satisfied. me.
	5. My spouse does it alone.	5.My spouse would do it/have done it alone.	5. Very satisfied.

Please use additional sheet if you have more than 3 children.

14. Who is responsible for putting young children to bed and who was responsible for this when your older children were young?

Child's name	A. Who does/did this?	B. Who would you like to have do it/ to have done it?	C. How satisfied are/were you with the way it is/was done?
1.__________	1. I do it alone.	1. I'd like to do/ to have done it alone.	1. Very dissatisfied.
	2. I do it with help from my spouse.	2. I'd like to have/ to have had help from my spouse.	2. Somewhat dissatisfied.
	3. I share it equally with my spouse.	3. I'd like/have liked to share it with my spouse.	3. Neither satisfied nor dissatisfied.
	4. My spouse does it with help from me.	4. My spouse would do it/have done it with help from me.	4. Moderately satisfied. me.
	5. My spouse does it alone.	5.My spouse would do it/have done it alone.	5. Very satisfied.

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Child's name	A. Who does/did this?	B. Who would you like to have do it/ to have done it?	C. How satisfied are/were you with the way it is/was done?
2.__________	1. I do it alone.	1. I'd like to do/ to have done it alone.	1. Very dissatisfied.
	2. I do it with help from my spouse.	2. I'd like to have/ to have had help from my spouse.	2. Somewhat dissatisfied.
	3. I share it equally with my spouse.	3. I'd like/have liked to share it with my spouse.	3. Neither satisfied nor dissatisfied.
	4. My spouse does it with help from me.	4. My spouse would do it/have done it with help from me.	4. Moderately satisfied. me.
	5. My spouse does it alone.	5.My spouse would do it/have done it alone.	5. Very satisfied.

Child's name	A. Who does/did this?	B. Who would you like to have do it/ to have done it?	C. How satisfied are/were you with the way it is/was done?
3.__________	1. I do it alone.	1. I'd like to do/ to have done it alone.	1. Very dissatisfied.
	2. I do it with help from my spouse.	2. I'd like to have/ to have had help from my spouse.	2. Somewhat dissatisfied.
	3. I share it equally with my spouse.	3. I'd like/have liked to share it with my spouse.	3. Neither satisfied nor dissatisfied.
	4. My spouse does it with help from me.	4. My spouse would do it/have done it with help from me.	4. Moderately satisfied. me.
	5. My spouse does it alone.	5.My spouse would do it/have done it alone.	5. Very satisfied.

Please use additional sheet if you have more than 3 children.

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UNIVERSITY OF WASHINGTON
SCHOOL OF NURSING
NURSING CHILD ASSESSMENT SATELLITE TRAINING PROJECT

NCAST ID NO. ______________________

CITY ______________________

CHILD'S FIRST NAME ______________________

CHILD'S AGE (IN MONTHS) ______________________

CHILD'S RACE ______________________

MOTHER'S EDUCATION (CIRCLE)
6 YRS. OR LESS 7-8-9-10-11-12-13-
14-15-16-17-18-19-20+

MARITAL STATUS (CIRCLE)
MARRIED NOT MARRIED

PERSON OBSERVED IN INTERACTION (CIRCLE)
MOTHER FATHER OTHER

MAJOR CAREGIVER (CIRCLE)
YES NO

TEACHING SCALES (BINARY FORM)
(BIRTH TO THREE YEARS)

EACHING TASK ______________________

LENGTH OF TEACHING (CIRCLE) MIN.
1 or LESS 2 3 4 5 6 OR MORE

SETTING (CIRCLE)
HOME CLINIC OTHER

	YES	NO
I. SENSITIVITY TO CUES		
1. PARENT POSITIONS CHILD SO CHILD IS SAFELY SUPPORTED.		
2. PARENT POSITIONS CHILD SO THAT CHILD CAN REACH AND MANIPULATE MATERIALS.		
3. PARENT GETS THE CHILD'S ATTENTION BEFORE BEGINNING THE TASK, AT THE OUTSET OF THE TEACHING INTERACTION.		
4. IN NEARLY ALL CASES PARENT GIVES INSTRUCTIONS ONLY WHEN THE CHILD IS ATTENTIVE (90%).		
5. PARENT ALLOWS CHILD TO EXPLORE THE TASK MATERIALS FOR AT LEAST 5 SECONDS BEFORE GIVING THE FIRST TASK RELATED INSTRUCTION.		
6. PARENT POSITIONS CHILD SO THAT IT IS POSSIBLE FOR THEM TO HAVE EYE-TO-EYE CONTACT WITH ONE ANOTHER DURING THE TEACHING EPISODE.		
7. PARENT PAUSES WHEN CHILD INITIATES BEHAVIORS DURING THE TEACHING EPISODE.		
8. PARENT PRAISES CHILD'S SUCCESSES OR PARTIAL SUCCESSES.		
9. PARENT ASKS FOR NO MORE THAN THREE PERFORMANCES WHEN CHILD IS SUCCESSFUL AT COMPLETING THE TASK.		
10. PARENT CHANGES POSITION OF CHILD AND/OR MATERIALS AFTER UNSUCCESSFUL ATTEMPT BY THE CHILD TO DO THE TASK.		
11. PARENT DOES NOT PHYSICALLY FORCE THE CHILD TO COMPLETE THE TASK.		
SUBSCALE TOTAL (NO. OF YES ANSWERS)		

	YES	NO
II. RESPONSE TO DISTRESS: (INDICATE WHETHER DISTRESS OCCURRED OR NOT)		
12. STOPS THE TEACHING EPISODE.		
13. MAKES POSITIVE, SYMPATHETIC, OR SOOTHING VERBALIZATION.		
14. CHANGES VOICE VOLUME TO SOFTER OR HIGHER PITCH (DOES NOT YELL).		
15. REARRANGES THE CHILD'S POSITION AND/OR TASK MATERIALS.		
16. MAKES SOOTHING NON-VERBAL RESPONSE, E.G. PAT, TOUCH, ROCK, CARESS, KISS.		
17. DIVERTS CHILD'S ATTENTION BY PLAYING GAMES, INTRODUCES NEW TOY.		
18. DOES NOT MAKE NEGATIVE COMMENTS TO THE CHILD.		
19. DOES NOT YELL AT THE CHILD.		
20. DOES NOT USE ABRUPT MOVEMENTS OR ROUGH HANDLING.		
21. DOES NOT SLAP, HIT OR SPANK.		
22. DOES NOT MAKE NEGATIVE COMMENTS TO HOME VISITOR ABOUT THE CHILD.		
SUBSCALE TOTAL (NO. OF YES ANSWERS)		

	YES	NO
SOCIAL-EMOTIONAL GROWTH FOSTERING		
3. PARENT'S BODY POSTURE IS RELAXED DURING THE TEACHING EPISODE (AT LEAST HALF THE TIME).		
24. PARENT IS IN THE FACE-TO-FACE POSITION WITH THE CHILD DURING THE TEACHING INTERACTION (AT LEAST HALF THE TIME).		
25. PARENT LAUGHS OR SMILES AT CHILD DURING THE TEACHING.		
26. PARENT GENTLY PATS, CARESSES, STROKES, HUGS, OR KISSES CHILD DURING EPISODE.		
27. PARENT SMILES, OR TOUCHES CHILD WITHIN 5 SECONDS WHEN CHILD SMILES OR VOCALIZES.		
28. PARENT PRAISES CHILD'S EFFORTS OR BEHAVIORS BROADLY (IN GENERAL) AT LEAST ONCE DURING THE EPISODE.		
29. PARENT MAKES CONSTRUCTIVE OR ENCOURAGING STATEMENT TO THE CHILD DURING THE TEACHING INTERACTION.		
30. PARENT DOES NOT VOCALIZE TO THE CHILD AT THE SAME TIME THE CHILD IS VOCALIZING.		
31. PARENT DOES NOT MAKE GENERAL NEGATIVE OR UNCOMPLIMENTARY REMARKS ABOUT THE CHILD.		
32. PARENT DOES NOT YELL AT THE CHILD DURING THE EPISODE.		
33. PARENT DOES NOT MAKE CRITICAL, NEGATIVE COMMENTS ABOUT THE CHILD'S TASK PERFORMANCE.		
SUBSCALE TOTAL (NO. OF YES ANSWERS)		

	YES	NO
IV. COGNITIVE GROWTH FOSTERING		
34. PARENT PROVIDES AN IMMEDIATE ENVIRONMENT WHICH IS FREE FROM DISTRACTIONS FROM ANIMATE SOURCES (SIBS, PETS, ETC.).		
35. PARENT FOCUSES ATTENTION ON CHILD'S ATTENTION ON THE TASK DURING MOST OF THE TEACHING (60% OF THE TIME).		
36. AFTER PARENT GIVES INSTRUCTIONS, AT LEAST 5 SECONDS IS ALLOWED FOR THE CHILD TO ATTEMPT THE TASK BEFORE PARENT INTERVENES AGAIN.		
37. PARENT ALLOWS NON-TASK MANIPULATION OF THE TASK MATERIALS AFTER THE ORIGINAL PRESENTATION.		
38. PARENT DESCRIBES PERCEPTUAL QUALITIES OF THE TASK MATERIALS TO THE CHILD.		
39. PARENT USES AT LEAST TWO DIFFERENT SENTENCES OR PHRASES TO DESCRIBE THE TASK TO THE CHILD.		
40. PARENT USES EXPLANATORY VERBAL STYLE MORE THAN IMPERATIVE STYLE IN TEACHING THE CHILD.		
41. PARENT'S DIRECTIONS ARE STATED IN CLEAR, UNAMBIGUOUS LANGUAGE (I.E. AMBIGUOUS = "TURN," "REACH," UNAMBIGUOUS = "TURN THE KNOB TOWARD ME.")		
42. PARENT USES BOTH VERBAL DESCRIPTION AND MODELING SIMULTANEOUSLY IN TEACHING ANY PART OF THE TASK.		
43. PARENT ENCOURAGES AND/OR ALLOWS THE CHILD TO PERFORM THE TASK BEFORE INTRUDING IN ON THE USE OF TASK MATERIALS.		
44. PARENT VERBALLY PRAISES CHILD AFTER CHILD HAS PERFORMED BETTER OR MORE SUCCESSFULLY THAN THE LAST ATTEMPT.		
45. PARENT SMILES AND/OR NODS AFTER CHILD PERFORMS BETTER OR MORE SUCCESSFULLY THAN THE LAST ATTEMPT.		
46. PARENT RESPONDS TO THE CHILD'S VOCALIZATIONS WITH VERBAL RESPONSE.		
47. PARENT USES BOTH VERBAL AND NONVERBAL INSTRUCTIONS IN TEACHING THE CHILD.		
48. PARENT USES TEACHING LOOPS IN INSTRUCTING CHILD (75% OF THE TIME).		
49. PARENT SIGNALS COMPLETION OF TASK TO CHILD VERBALLY OR NONVERBALLY.		
50. PARENT SPENDS NOT MORE THAN 5 MINUTES AND NOT LESS THAN ONE MINUTE IN TEACHING THE CHILD THE TASK.		
SUBSCALE TOTAL (NO. OF YES ANSWERS)		

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	YES	NO
V. CLARITY OF CUES		
51. CHILD IS AWAKE.		
52. CHILD WIDENS EYES AND/OR SHOWS POSTURAL ATTENTION TO TASK SITUATION.		
CHILD CHANGES INTENSITY OR AMOUNT OF MOTOR ACTIVITY WHEN TASK MATERIAL IS PRESENTED.		
54. CHILD'S MOVEMENTS ARE CLEARLY DIRECTED TOWARD THE TASK MATERIALS OR AWAY FROM THE TASK OR TASK MATERIALS (NOT DIFFUSE).		
55. CHILD MAKES CLEARLY RECOGNIZABLE ARM MOVEMENTS DURING THE TEACHING EPISODE. (CLAPPING, REACHING, WAVING, POUNDING, POINTING, PUSHING AWAY).		
56. CHILD VOCALIZES WHILE LOOKING AT TASK MATERIALS.		
57. CHILD SMILES OR LAUGHS DURING THE EPISODE.		
58. CHILD GRIMACES OR FROWNS DURING THE TEACHING EPISODE.		
59. CHILD DISPLAYS POTENT NEGATIVE CUES DURING THE TEACHING INTERACTION.		
60. CHILD DISPLAYS SUBTLE NEGATIVE CUES DURING THE TEACHING INTERACTION.		
SUBSCALE TOTAL (NO. OF YES ANSWERS)		

VI. RESPONSIVENESS TO PARENT		
61. CHILD GAZES AT PARENT'S FACE OR TASK MATERIALS AFTER PARENT HAS SHOWN VERBAL OR NONVERBAL ALERTING BEHAVIOR.		
62. CHILD ATTEMPTS TO ENGAGE PARENT IN EYE-TO-EYE CONTACT.		
63. THE CHILD LOOKS AT THE PARENT'S FACE OR EYES WHEN PARENT ATTEMPTS TO ESTABLISH EYE-TO-EYE CONTACT.		
64. CHILD VOCALIZES OR BABBLES WITHIN 5 SECONDS AFTER PARENT'S VERBALIZATION.		
CHILD VOCALIZES OR BABBLES WITHIN 5 SECONDS AFTER PARENT'S GESTURES, TOUCHING OR CHANGING FACIAL EXPRESSION.		
66. CHILD SMILES AT PARENT WITHIN 5 SECONDS AFTER PARENT'S VERBALIZATION		
67. CHILD SMILES AT PARENT WITHIN 5 SECONDS AFTER PARENT'S GESTURE, TOUCH, OR FACIAL EXPRESSION CHANGES.		
68. WHEN PARENT MOVES CLOSER THAN 8 INCHES FROM THE CHILD'S FACE—THE CHILD SHOWS SUBTLE AND/OR POTENT NEGATIVE CUES.		
69. CHILD SHOWS SUBTLE AND/OR POTENT NEGATIVE CUES WITHIN 5 SECONDS AFTER PARENT CHANGES FACIAL EXPRESSION OR BODY MOVEMENTS.		
70. CHILD SHOWS SUBTLE AND/OR POTENT NEGATIVE CUES WITHIN 5 SECONDS AFTER PARENT'S VERBALIZATION.		
71. THE CHILD SHOWS SUBTLE AND/OR POTENT NEGATIVE CUES WHEN PARENT ATTEMPTS TO INTRUDE PHYSICALLY IN THE CHILD'S USE OF THE TASK MATERIAL.		
72. CHILD PHYSICALLY RESISTS OR RESPONDS AGGRESSIVELY WHEN PARENT ATTEMPTS TO INTRUDE PHYSICALLY IN CHILD'S USE OF THE TASK MATERIAL.		
73. THE CHILD STOPS DISPLAYING DISTRESS CUES WITHIN 15 SECONDS AFTER PARENT'S SOOTHING ATTEMPTS.		
SUBSCALE TOTAL (NO. OF YES ANSWERS)		

ENTER TOTALS FOR EACH CATEGORY:	
SENSITIVITY TO CUES	
RESPONSE TO DISTRESS	
SOCIAL-EMOTIONAL GROWTH FOSTERING	
COGNITIVE GROWTH FOSTERING	
CLARITY OF CUES	
RESPONSIVENESS TO PARENT	
TOTAL (NO. OF YES ANSWERS)	

1. WERE YOU UNCOMFORTABLE DURING ANY PART OF THE TEACHING DUE TO MY PRESENCE?

A. YES B. NO

IF YES, WHY? ______________________________

____

2. OBSERVER'S COMMENTS:

____

____

____

____

____

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SEFAM Individualizing Parent Involvement

Do you have questions about:	YES	NO	COMMENTS
1. Physician			
2. Physical Therapist			
3. Child Development			
4. Speech/Hearing Therapist			
5. Genetic Counseling			
6. Nutrition			
7. Dental Health			
8. Advocacy Groups			
9. Sex Education for Handicapped Children			
10. Laws relating to Special Education			
11. School programs available for your child --currently			
--when he/she gets older			
12. How to find a program that meets the needs of you and your child.			
13. Respite care			
14. Tax information on deductions for handicapped children			
15. Availability of religious programs for your child			
16. Specific handicapping conditions			
17. Other			

(see other side)

Would you like to have the opportunity to discuss:

	YES	NO	COMMENTS
1. Concerns about how your child relates to the family			
2. Concerns about your child's future			
3. Concerns about the public's reaction to your child's handicap			
4. Concerns about how your life will change or has changed			
5. Other			

SEFAM
Program
Model Preschool Center for Handicapped Children
Experimental Education Unit
Child Development and Mental Retardation Center
University of Washington
Seattle, Washington
98195

1. Date this form was completed __ __/__ __/__ __
mo. day yr.
2. Child's D.D. Case No. __ __ __ __ __ __
3. Child's Name ______________________________
4. Name of Present
Father or Guardian: ______________________________
5. Name of Present
Mother or Guardian: ______________________________

6. Child's Residence: Street ______________________________

7. Child's Sex:
1 [] male
2 [] female

City ____________________ State ________

Zip __ __ __ __ __ Phone __ __ __-__ __ __-__ __ __ __
area prefix number

8. Child's birthdate: __ __/__ __/__ __
mo. day yr.

9. Mother's birthdate: __ __/__ __/__ __
mo. day yr.

10. Father's birthdate: __ __/__ __/__ __
mo. day yr.

12. Type of area:

0[]inner city
1[]urban (50,000+)
2[]rural (2,500-)
3[]other (2,600
to 49,000)

11. Ethnic/Racial Background:

Caucasian	1[]	[]1[]	[]1[]
Black	2[]	[]2[]	[]2[]
Amer. Ind./Eskimo	3[]	[]3[]	[]3[]
Latin American	4[]	[]4[]	[]4[]
Chinese	5[]	[]5[]	[]5[]
Japanese	6[]	[]6[]	[]6[]
Filipino	7[]	[]7[]	[]7[]
Other Oriental	8[]	[]8[]	[]8[]
East Indian	9[]	[]9[]	[]9[]
Other __________	0[]	[]0[]	[]0[]

13. Indicate the Guardians in the Child's home:

(female)		(male)
0[]	------None--------	[]0
1[]	-Natural Parent--	[]1
2[]	--Step Parent----	[]2
3[]	-Adoptive Parent-	[]3
4[]	--Foster Parent--	[]4
5[]	-Other Relative--	[]5

Total adults
in home: __ __
Total minors
in home: __ __

11/81

14. Education:

present
mother/father

Years of formal education: __ __ / __ __

Check highest attained:

no degree	[]	0	[]
high school graduate	[]	1	[]
H.S. equivalent certificate	[]	2	[]
some college	[]	3	[]
associate (2-yr) degree	[]	4	[]
bachelor's degree	[]	5	[]
some graduate work	[]	6	[]
master's degree	[]	7	[]
post-master's work	[]	8	[]
doctoral degree	[]	9	[]
post-doctoral work	[]	A	[]
unknown	[]	B	[]
	1[]	yes	[]
Ever a special ed. pupil?	2[]	no	[]

15. Employment and Income of Parents

Employment

father		mother
1[]	full time	[]1
2[]	part time	[]2
3[]	unemployed	[]3
4[]	never worked	[]4
5[]	can't work	[]5
6[]	retired	[]6
7[]	deceased	[]7

Occupation

father		mother
1[]	professional	[]1
2[]	own/manage	[]2
3[]	clerical	[]3
4[]	sales	[]4
5[]	craftsman	[]5
6[]	machine op.	[]6
7[]	domestic work	[]7
8[]	laborer	[]8
9[]	service work	[]9
0[]	none	[]0

Other________________

16. Gross Annual Income

Father: $__ __,__ __ __
Mother: $__ __,__ __ __
Other: $__ __,__ __ __
Total
Family: $__ __,__ __ __

Income Sources
(check up to 3)

occupation	[]1
investments	[]2
social security	[]3
public assist.	[]4
retirement	[]5
health insur.	[]6
unemp. comp.	[]7
other family	[]8
other person	[]9
__________other	[]0

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17. There are __ __ natural siblings of the client and ____ other children associated with the client's present home. For each, provide the following (additional sheets will be provided if necessary):

(1) Born: __ __/__ __; 1[ ]brother ; 1[ ]natural
mo. yr. 2[ ]sister 2[ ]half
3[ ]step
4[ ]adopt
5[ ]foster
Living at home? 1[ ]yes
2[ ]no

Condition (check up to 3):
0[ ]normal
1[ ]EMR, mild
2[ ]EMR, mod.
3[ ]TMR, mod.
4[ ]TMR, severe
5[ ]prof. ret.
6[ ]hear. imp.
7[ ]deaf
8[ ]vis. imp.
9[ ]blind
A[ ]crippled
B[ ]other health impaired
C[ ]speech/communication dis.
D[ ]emotionally disturbed
E[ ]neurologically impaired
F[ ]Down's syndrome
G[ ]deceased, natural death
H[ ]deceased, accident
J[ ]deceased, handicap related
K[ ]other__________________

2) Born: __ __/__ __; 1[ ]brother ; 1[ ]natural
mo. yr. 2[ ]sister 2[ ]half
3[ ]step
4[ ]adopt
5[ ]foster
Living at home? 1[ ]yes
2[ ]no

Condition (check up to 3):
0[ ]normal
1[ ]EMR, mild
2[ ]EMR, mod.
3[ ]TMR, mod.
4[ ]TMR, severe
5[ ]prof. ret.
6[ ]hear. imp.
7[ ]deaf
8[ ]vis. imp.
9[ ]blind
A[ ]crippled
B[ ]other health impaired
C[ ]speech/communication dis.
D[ ]emotionally disturbed
E[ ]neurologically impaired
F[ ]Down's syndrome
G[ ]deceased, natural death
H[ ]deceased, accident
J[ ]deceased, handicap related
K[ ]other__________________

3) Born: __ __/__ __; 1[ ]brother ; 1[ ]natural
mo. yr. 2[ ]sister 2[ ]half
3[ ]step
4[ ]adopt
5[ ]foster
Living at home? 1[ ]yes
2[ ]no

Condition (check up to 3):
0[ ]normal
1[ ]EMR, mild
2[ ]EMR, mod.
3[ ]TMR, mod.
4[ ]TMR, severe
5[ ]prof. ret.
6[ ]hear. imp.
7[ ]deaf
8[ ]vis. imp.
9[ ]blind
A[ ]crippled
B[ ]other health impaired
C[ ]speech/communication dis.
D[ ]emotionally disturbed
E[ ]neurologically impaired
F[ ]Down's syndrome
G[ ]deceased, natural death
H[ ]deceased, accident
J[ ]deceased handicap related
K[ ]other__________________

4) Born: __ __/__ __; 1[ ]brother ; 1[ ]natural
mo. yr. 2[ ]sister 2[ ]half
3[ ]step
4[ ]adopt
5[ ]foster
Living at home? 1[ ]yes
2[ ]no

Condition (check up to 3):
0[ ]normal
1[ ]EMR, mild
2[ ]EMR, mod.
3[ ]TMR, mod.
4[ ]TMR, severe
5[ ]prof. ret.
6[ ]hear. imp.
7[ ]deaf
8[ ]vis. imp.
9[ ]blind
A[ ]crippled
B[ ]other health impaired
C[ ]speech/communication dis.
D[ ]emotionally disturbed
E[ ]neurologically impaired
F[ ]Down's syndrome
G[ ]deceased, natural death
H[ ]deceased, accident
J[ ]deceased, handicap related
K[ ]other__________________

(ask for additional sheets if necessary)

18. Child's Birth Data

Weight at birth: __ __/__ __
lbs oz.

1[]full term 1[]normal birth
2[]premature 2[]caesarean
3[]other abnormal

19. Neonatal Treatment

Oxygen? 1[]yes
2[]no
Incubator? 1[]yes
2[]no

20. Surgery?
(check all that apply)

1[]none
2[]on heart
3[]on intestines
4[]orthopedic
5[]other:________

21. Child's Health
General:
1[]good; 2[]fair; 3[]poor

22. Check all that child has had:
pneumonia []
heart failure []
croup []
bronchitis []
allergies []
ear infection []
constipation []
diarrhea []
other []

strabismus: []yes

tongue protrusion: []yes

locked knees: []yes

hip problems: []yes

chronic heart problems: []yes

23. Child's Other Handicaps
(check up to 3)

00[]none
01[]hearing impaired
02[]deaf
03[]visually impaired
04[]blind
05[]crippled/orth.hand.
06[]other health impaired
07[]speech impaired
08[]communication/lang.
09[]emotionally disturbed
10[]other______________

24. Developmental History
(check all that are appropriate)

sits independently: 1[]yes @ __ __ mo.
stands independently: 1[]yes @ __ __ mo.
walks independently: 1[]yes @ __ __ mo.
weaned during days: 1[]yes @ __ __ mo.
drinks from cup: 1[]yes @ __ __ mo.
toilet train (day): 1[]yes @ __ __ mo.
toilet trn.(night): 1[]yes @ __ __ mo.
eats solid foods: 1[]yes @ __ __ mo.

25. Program History: Child has attended:
__ __ infant and ____preschool programs.

1. Program:____________________
Started @__ __mo.; stopped @__ __mo.
Attended __ __ hrs/day; __ __ dys/mo.
There were __ __ children and
__ __ teachers.

Program included parents:
1[]in class; 3[]no, not formally
2[]in structured home work

2. Program:____________________
Started @__ __mo.; stopped @__ __mo.
Attended __ __ hrs/day; __ __ dys/mo.
There were __ __ children and
__ __ teachers.

Program included parents:
1[]in class; 3[]no, not formally
2[]in structured home work

3. Child's attendance was:
good 100-80% __ __
fair 79-50% __ __
poor 49-25% __ __

26. When did the parents first suspect the problem?

1[]not until __ __weeks after the birth.

27. When were the parents told?
1[]at time of delivery
2[]prior to discharge
__ __ months after discharge

28. Parents were informed of child's diagnosis by:

1[]pediatrician
2[]other physician
3[]other health person
4[]friend or relative
5[]other______________
6[]unknown

29. Diagnosis made by:
1[]Clinical Training Unit
2[]Children's Orth. Hosp.
3[]private physician
4[]other______________

30. When parent(s) were informed of initial diagnosis:
1[]mother only was present
2[]father only was present
3[]both parents were present

31. What were the parents told about recurrence risk in future offspring?
1[]no risk
2[]less than 5%
3[]6% to 10%
4[]11% to 25%
5[]26% or more
6[]told, exact risk unknown
7[]not told
8[]other____________

32. The initial advice was to:
1[]institutionalize immed.
2[]institutionalize soon
3[]eventually institution.
4[]can't help, keep home
5[]can help, find program
6[]no advice
7[]other______________
8[]approximate age of person giving advice__________

33. What were the parents told about the child's eventual intellectual development?
1[]they were told nothing;
2[]they were told there was no way of knowing;
3[]They were told or suspect that at maturity their child's intellect would be like that of a __ __ year old.

34. Contacts with medical and health specialists concerning the child are most often made by:
1[]mother
2[]father
3[]both parents share about equally
4[]other________________________

Additional Family History:

Please list any of the child's relatives who were known to be handicapped.

Relationship____________________________ Handicap__________________________

Relationship____________________________ Handicap__________________________

Relationship____________________________ Handicap__________________________

Thank you for taking your time to provide the SEFAM program with this information which will be kept strictly confidential.